

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mothan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S57326** (8)

1. Corporation Name

**MHS PARTNERSHIP HOLDINGS SDS, INC.**



Principal Place of Business

3627 UNIVERSITY BOULEVARD SOUTH  
STE 810  
JACKSONVILLE FL 32216  
US

Mailing Address

P.O. BOX 570  
NASHVILLE TN 37203  
US

3. Date incorporated or Qualified  
**06/03/1991**

3a. Date of Last Report  
**05/18/1995**

2. Principal Place of Business

2a. Mailing Address

21 **One Park Plaza**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Nashville TN**

28

Zip

Country

Zip

Country

24 **37203**

25 **US**

29

30

4. FEI Number  
**59-3075296**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed in block of registered agent or officer (if applicable)

DATE Registered Agent's Signature (typed or printed in block)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DC</b>	1.1 TITLE	<b>P</b>
NAME	<b>MOEN, DAN</b>	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>7975 N W 154TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b>	2.1 TITLE	<b>VI D</b>
NAME	<b>EVANS, CHARLES R</b>	2.2 NAME	<b>Stephen T. Braun</b>
STREET ADDRESS	<b>3627 UNIVERSITY BLVD SO</b>	2.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	<b>Nashville, TN 37203</b>
TITLE	<b>DST</b>	3.1 TITLE	<b>VITID</b>
NAME	<b>KARSNER, GARRY L</b>	3.2 NAME	<b>David C. Colby</b>
STREET ADDRESS	<b>3627 UNIVERSITY BLVD. SO</b>	3.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	<b>Nashville, TN 37203</b>
TITLE		4.1 TITLE	<b>VID</b>
NAME		4.2 NAME	<b>Richard A. Schweinhart</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Nashville, TN 37203</b>
TITLE		5.1 TITLE	<b>V</b>
NAME		5.2 NAME	<b>R. Milton Johnson</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Nashville, TN 37203</b>
TITLE		6.1 TITLE	<b>S</b>
NAME		6.2 NAME	<b>John M. Franck</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Nashville, TN 37203</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **John Franck**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4-1-96** (615) 387-9551  
DATE

CR2E034 (12/95)