

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S86706** (6)  
1. Corporation Name  
**MEDPLAN, INC.**



Principal Place of Business: **ONE PARK PLAZA NASHVILLE TN 37203 US**  
Mailing Address: **P.O. BOX 570 ATTN: TAX DEPT NASHVILLE TN 37202 US**

3. Date Incorporated or Qualified: **10/11/1991**  
3a. Date of Last Report: **04/21/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3088249</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MOEN, DANIEL J</b>			1.2 NAME			
STREET ADDRESS	<b>ONE PARK PLAZA</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NASHVILLE TN 37203</b>			1.4 CITY-ST-ZIP			
TITLE	<b>SVDS</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BRAUN, STEPHEN T</b>			2.2 NAME			
STREET ADDRESS	<b>ONE PARK PLAZA</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NASHVILLE TN 37203</b>			2.4 CITY-ST-ZIP			
TITLE	<b>SVDT</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>COLBY, DAVID C.</b>			3.2 NAME			
STREET ADDRESS	<b>ONE PARK PLAZA</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NASHVILLE TN 37203</b>			3.4 CITY-ST-ZIP			
TITLE	<b>SVPD</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SCHWEINHART, RICHARD A</b>			4.2 NAME			
STREET ADDRESS	<b>ONE PARK PLAZA</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NASHVILLE TN 37203</b>			4.4 CITY-ST-ZIP			
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<b>P</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>EWOLDT, BRANDI D</b>			5.2 NAME	<b>DAVID VANDEWATER</b>		
STREET ADDRESS	<b>500 WEST MAIN ST., 10TH FLOOR</b>			5.3 STREET ADDRESS	<b>ONE PARK PLAZA</b>		
CITY-ST-ZIP	<b>LOUISVILLE KY 40202</b>			5.4 CITY-ST-ZIP	<b>NASHVILLE, TN 37203</b>		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	<b>R. MILTON JOHNSON</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: *R. Milton Johnson* **R. MILTON JOHNSON** Date: **(6/15) 327-9551**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)