

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 # **V40214** (1)
1. Corporation Name
IMAGING AND SURGERY CENTERS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

ONE PARK PLAZA
NASHVILLE TN 37203
US

P.O. BOX 570
ATTN: TAX DEPT.
NASHVILLE TN 37203
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/01/1992

3a. Date of Last Report

05/01/1995

4. FET Number

59-3131139

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

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 name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	STEEN, DONALD E	ONE PARK PLAZA	NASHVILLE TN 37203	<input type="checkbox"/>
V	WILCOX, WILLIAM H	ONE PARK PLAZA	NASHVILLE TN 37203	<input type="checkbox"/>
ST	BOND, JONATHAN R	ONE PARK PLAZA	NASHVILLE TN 37203	<input checked="" type="checkbox"/>
AT	DOUGHERTY, KATHRYN K	ONE PARK PLAZA	NASHVILLE TN 37203	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
President	Same	13455 Noel Road, 20th Floor	Dallas, TX 75240	<input checked="" type="checkbox"/>
	Same	13455 Noel Road, 20th Floor	Dallas, TX 75240	<input checked="" type="checkbox"/>
Vice President	R. Milton Johnson	One Park Plaza	Nashville, TN 37203	<input checked="" type="checkbox"/>
Senior Vice President/Treasurer/Director	David C. Colby	One Park Plaza	Nashville, TN 37203	<input checked="" type="checkbox"/>
Secretary	John M. Hancill	One Park Plaza	Nashville, TN 37203	<input type="checkbox"/>
Senior Vice President/Director	Richard A. Schweinhart	One Park Plaza	Nashville, TN 37203	<input type="checkbox"/>

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/96

(615) 327-9551

CR2E034 (12/95)