

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006101

1. Entity Name
IASIS HOME INFUSION AND MEDICAL EQUIPMENT, INC. ✓

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90153 004 ***550.00

Principal Place of Business 104 WOODMONT BOULEVARD, SUITE 104 NASHVILLE TN 37205	Mailing Address 104 WOODMONT BOULEVARD, SUITE 401 NASHVILLE TN 37205
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 113 Seaboard Ln, Suite, Apt. #, etc. Franklin, TN 37067 USA	3. Mailing Address Same Suite, Apt. #, etc. Same City & State Same Zip Same Country Same
---	---

4. FEI Number 62-1797794	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GOWER, WAYNE 104 WOODMONT BOULEVARD, SUITE 101 NASHVILLE TN 37205 See Attachment A <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> PERRY, KENNETH 104 WOODMONT BOULEVARD, SUITE 104 NASHVILLE TN 37205 " <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> V KALE, ROBERTA 104 WOODMONT BOULEVARD, SUITE 101 NASHVILLE TN 37205 " <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> V HISCHKE, LINDA 104 WOODMONT BOULEVARD, SUITE 104 NASHVILLE TN 37205 " <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> S COYLE, FRANK A 104 WOODMONT BOULEVARD, SUITE 101 NASHVILLE TN 37205 " <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> D LEVY, PAUL S 104 WOODMONT BOULEVARD, SUITE 101 NASHVILLE TN 37205 " <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeff Lightcap / Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Ying / Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Crawford / CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carl Whitmer / Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen H. Abbott Date: 7.7.00 Daytime Phone #: 615-844-2747

C-334 (0-0-01)

Attachment
D#F9900000101
0075397

Attachment A

The correct address for all Officers and Directors of this corporation is:

113 Seaboard Lane
Suite A-200
Franklin, TN 37067