

No. <b>C102196</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>C T CORPORATION SYSTEM</b> <b>300 N 6TH S</b>  <b>BOISE</b> ID <b>83701</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  <b>MEDICAL CONSTRUCTION GROUP,</b>  <b>P O BOX 111420</b>  <b>NASHVILLE TN 37222 1420</b>		3. Organized Under the Laws of:  <b>TN</b> <b>C102196</b>
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
President Director	G. Wade Putnam	P O Box 111420	Nashville TN 37222-1420
Secy/Treas	Beverly A. Jones	P O Box 111420	Nashville TN 37222-1420
5. <b>NATURE OF BUSINESS</b>  <b>GENERAL CONTRACTING</b>		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Beverly A. Jones</u> Date <u>8/26/96</u> Name (Typed or Printed) <u>Beverly A. Jones</u> Title <u>Secy/Treas.</u>	

ISSUED: 07-06-1996

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