

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 582512 (0)

1. Corporation Name

AMERICAN PREPAID PROFESSIONAL SERVICES, INC.



Principal Place of Business

8800 ROSWELL ROAD, SUITE 295
ATLANTA GA 30350

Mailing Address

8800 ROSWELL ROAD, SUITE 295
ATLANTA GA 30350

3. Date Incorporated or Qualified
08/17/1978

3a. Date of Last Report
03/30/1995

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

4. FEI Number
59-1843760

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

7. 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

CRUISE, DAVID
726 N.W. 8TH AVE.
GAINESVILLE FL 32601

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 D ☒ DELETE
NAME KAFKER, ROGER
STREET ADDRESS 125 HIGH STREET, SUITE 2500
CITY-ST-ZIP BOSTON MA

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Scott, David
1.3 STREET ADDRESS 440 West High Street
1.4 CITY-ST-ZIP Oviedo, FL 32765

TITLE PDC ☐ DELETE
NAME KLOCK, DAVID R
STREET ADDRESS 8800 ROSWELL RD., #295
CITY-ST-ZIP ATLANTA GA

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Ciffolillo, Joseph
2.3 STREET ADDRESS 57 Mattapoiset Neck Rd.
2.4 CITY-ST-ZIP Mattapoiset, MA 02739

TITLE TV ☐ DELETE
NAME GRAHAM, SHARON S
STREET ADDRESS 8800 ROSWELL ROAD, SUITE 295
CITY-ST-ZIP ATLANTA GA

3.1 TITLE V ☐ Change ☒ Addition
3.2 NAME Mitchell, Bruce
3.3 STREET ADDRESS 8800 Roswell Road, Suite 295
3.4 CITY-ST-ZIP Atlanta, GA 30350

TITLE D ☐ DELETE
NAME STEPHENSON, JOSEPH
STREET ADDRESS 1052 BROOKFIELD ROAD
CITY-ST-ZIP MEMPHIS TN

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HERTIK, PHILIP
STREET ADDRESS 53 CENTURY BLVD., SUITE 250
CITY-ST-ZIP NASHVILLE TN

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Hertik, Philip
5.3 STREET ADDRESS 37 Erwin Court
5.4 CITY-ST-ZIP Nashville, TN 37205

TITLE V ☒ DELETE
NAME THORSEN, MARTIN P
STREET ADDRESS 8800 ROSWELL RD., #295
CITY-ST-ZIP ATLANTA GA

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Phyllis A. Klock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phyllis A. Klock

February 21, 1996 (800)633-1262

Date

Daytime Phone #

CR2E034 (12/95)