

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

0946312 AT

04-09-2003 90160 010 ***150.00

DOCUMENT # F01000003957

1. Entity Name
MERIDIAN COMP OF NEW YORK, INC.



Principal Place of Business
**20 BURTON HILLS BLVD., SUITE 200
NASHVILLE TN 37215**

Mailing Address
**20 BURTON HILLS BLVD., SUITE 200
NASHVILLE TN 37215**



2. Principal Place of Business
**40 Burton Hills Blvd
Suite, Apt. #, etc.
Suite 200**

3. Mailing Address
**40 Burton Hills Blvd
Suite, Apt. #, etc.
Suite 200**

CHECK HERE IF MAKING CHANGES

City & State
Nashville TN

City & State
Nashville TN

4. FEI Number **13-3877060**

Applied For
 Not Applicable

Zip **37215** Country **USA**

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, CHARLES D 20 BURTON HILLS BLVD., SUITE 200 NASHVILLE TN 37215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLCOTT, SHANNON 20 BURTON HILLS BLVD., SUITE 200 NASHVILLE TN 37215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS BOULDIN, T. MICHAEL 20 BURTON HILLS BLVD., SUITE 200 NASHVILLE TN 37215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCHRANE, HAYWOOD D JR. 20 BURTON HILLS BLVD., SUITE 200 NASHVILLE TN 37215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shannon Wolcott 3/31/03 (615) 665-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)