

**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 # **G55261 (3)**

1. Corporation Name

**MED-HEALTH OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

3401 WEST END AVENUE, SUITE 700  
NASHVILLE TN 37203

3401 WEST END AVENUE, SUITE 700  
NASHVILLE TN 37203

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 1200  
Suite, Apt. #, etc.

22 City & State

27 City & State  
Nashville, TN

23 Zip Country

28 Zip Country  
37203-1200 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**08/23/1983**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-2320784**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
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)

DATE Registered Agent Signature Received (where necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BURKLOW, BRYAN</b>	
STREET ADDRESS	<b>17300 NW 7TH AVENUE, SUITE 204</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CATLIN, DAVID</b>	
STREET ADDRESS	<b>3401 WEST END AVENUE SUITE 700</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	<b>EVPC</b>	<input type="checkbox"/> DELETE
NAME	<b>PITTS, KEITH B</b>	
STREET ADDRESS	<b>3401 WEST END AVENUE SUITE 700</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>ABBOTT, KAREN H</b>	
STREET ADDRESS	<b>3401 WEST END AVENUE SUITE 700</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>SOLTMAN, RONALD P.</b>	
STREET ADDRESS	<b>3401 WEST END AVENUE, SUITE 700</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> DELETE
NAME	<b>RONNIES, RUSSELL F.</b>	
STREET ADDRESS	<b>3401 WEST END AVENUE, SUITE 700</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>William L. Hough</b>
1.3 STREET ADDRESS	<b>3401 West End Ave. Ste. 700</b>
1.4 CITY-ST-ZIP	<b>Nashville, TN 37203</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>UP</b>
2.3 STREET ADDRESS	<b>Richard A. Parr II</b>
2.4 CITY-ST-ZIP	<b>3401 West End Ave Ste. 700</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>400001767254</b>
5.3 STREET ADDRESS	<b>-04/02/96--01127--026</b>
5.4 CITY-ST-ZIP	<b>***200.00</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Russell F Tonnies</b>
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: *Karen H. Abbott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E084 (12/95)

246