

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90077 038 \*\*\*150.00

**DOCUMENT # P23914**

1. Entity Name  
**THE POTOMAC GROUP, INC.**

Principal Place of Business      Mailing Address  
**1283 MUEFREESBORO RD**      **P O BOX 290037**  
**NASHVILLE TN 37217**      **NASHVILLE TN 37229**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**62-1249087**      Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating)      DATE \_\_\_\_\_

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>CFOV BACON, DAVID F JR</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2255 SCOTT DRIVE</b>	
CITY-ST-ZIP	<b>FRANKLIN TN 37067</b>	
TITLE NAME	<b>CEOP SMITH, MARK H</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>694 HUFFINE MANOR CIR</b>	
CITY-ST-ZIP	<b>FRANKSIN TN 37064</b>	
TITLE NAME	<b>D BURCH, JOHN SR</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>500 INTERNATIONAL DR</b>	
CITY-ST-ZIP	<b>NASHVILLE TN 37217</b>	
TITLE NAME	<b>D HOWARD, SAMUEL H</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>3401 W END AVE., STE 470</b>	
CITY-ST-ZIP	<b>NASHVILLE TN 37205</b>	
TITLE NAME	<b>D ELEAZAR, PAULA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>20 BYRTAN H BLVD., STE 100</b>	
CITY-ST-ZIP	<b>NASHVILLE TN 37215</b>	
TITLE NAME	<b>D ROLFE, ROBERT</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>330 COMMERCE ST</b>	
CITY-ST-ZIP	<b>NASHVILLE TN 37201</b>	

TITLE NAME	<b>D Resha, David</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>500 Church Street, Suite 200</b>	
CITY-ST-ZIP	<b>Nashville, TN 37219</b>	
TITLE NAME	<b>Secretary Horton, Robert</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>166 Bayshore Drive</b>	
CITY-ST-ZIP	<b>Hendersonville, TN 37075</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: R. Robert Horton      R. Robert Horton      4/24/01      615/843-2500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

11 (04/01)

CR2E034 (10/00)