

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P36951

(2)

1. Corporation Name

VITAL CHEK NETWORK, INC.



Principal Place of Business

4512 CENTRAL PIKE
HERMITAGE TN 37076

Mailing Address

4512 CENTRAL PIKE
HERMITAGE TN 37076

3. Date incorporated or Qualified
12/31/1991

3a. Date of Last Report
08/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
62-1365614

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

8. 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

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

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 CP ☐ DELETE
NAME BARRETT, H. MICHAEL
STREET ADDRESS 1007 MYSTIC STREAMS DR
CITY-ST-ZIP MT JULIET TN

1.1 TITLE d/p ☒ Change ☐ Addition
1.2 NAME (N/C)
1.3 STREET ADDRESS (N/C)
1.4 CITY-ST-ZIP (N/C) 37122

TITLE VVS ☐ DELETE
NAME BARRETT, HERBERT B.
STREET ADDRESS 100 VALLEY TRAIL
CITY-ST-ZIP WHITES CREEK TN

2.1 TITLE c/s ☒ Change ☐ Addition
2.2 NAME (N/C)
2.3 STREET ADDRESS 1305 VALLEY TRAIL
2.4 CITY-ST-ZIP (N/C) 37189

TITLE DT ☐ DELETE
NAME BARRETT, JOSEPH W.
STREET ADDRESS 209 SOUTH GREENHILL RD
CITY-ST-ZIP MT JULIET TN

3.1 TITLE d/v ☒ Change ☐ Addition
3.2 NAME (N/C)
3.3 STREET ADDRESS 369 SOUTH GREENHILL RD.
3.4 CITY-ST-ZIP (N/C) 37122

TITLE D ☐ DELETE
NAME MALKIEWICZ, DEBRA
STREET ADDRESS 8835 GAINESWAY DRIVE
CITY-ST-ZIP GERMANTOWN TN

4.1 TITLE (N/C) ☒ Change ☐ Addition
4.2 NAME (N/C)
4.3 STREET ADDRESS (N/C)
4.4 CITY-ST-ZIP (N/C) 38138

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. MICHAEL BARRETT

4-12-96

(800) 255-2414

Date

Daytime Phone #

CR2E034 (12/95)