

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000070912

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: ONESOURCE HEALTH NETWORK OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

ONE PARK PLAZA  
NASHVILLE, TN 37203 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 750  
NASHVILLE, TN 37202 US

**New Mailing Address:**

FEI Number: 62-1618477      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HALL, CHUCK  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203 US

Title: DVPA ( ) Delete  
Name: FRANCK, JOHN M II  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203 US

Title: DVP ( ) Delete  
Name: JOHNSON, R.MILTON  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203 US

Title: DVP ( ) Delete  
Name: MOORE, A.BRUCE JR.  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203 US

Title: VPT ( ) Delete  
Name: ANDERSON, DAVID G  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203 US

Title: VPS ( ) Delete  
Name: BLACKWOOD, DORA A  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORA A. BLACKWOOD

VPS

04/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date