2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2001 8:00 am Secretary of State DOCUMENT # **P97000049303** NORTH FLORIDA DIVISION PRACTICE, INC. 03-22-2001 90072 011 ***150.00 Principal Place of Business Mailing Address P O BOX 750 1 PARK PLAZA NASHVILLE TN 37203 NASHVILLE TN 37202 DAAMAAAT US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 62-1695279 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DVPS ☐ Addition **VPS** ☐ Delete TITLE TITLE NAME NAME. FRANCK, JOHN M II STREET ADDRESS STREET ADDRESS 1 PARK PLAZA CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37203 DNB Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME MOORE. A. BRUCE STREET ADDRESS STREET ADDRESS 1 PARK PLAZA CITY-ST-ZIP CITY-ST-7IP NASHVILLE TN 37203 DVP ☐ Addition ☐ Delete TITLE TITLE NAME NAME JOHNSON, R. MILTON STREET ADDRESS STREET ADDRESS 1 PARK PLAZA CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37203 Change Addition ☐ Delete TITLE David Denson NAME NAME One ParkPlaza STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Nachville TN CITY-ST-ZIP X Addition ☐ Change ☐ Delete TITLE Dora Black wood NAME NAME One Park Plaza STREET ADDRESS STREET ADDRESS CITY-ST-7IP Nashville TH CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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. **David Denson**

SIGNATURE:

Assistant Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00