

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

FILED
Apr 26 1996 8:00 am
Secretary of State

DOCUMENT # V69316 (0)

1. Corporation Name
THE WEST FLORIDA PROFESSIONALS, INC.



Principal Place of Business
**ONE PARK PLAZA
NASHVILLE TN 37203
US**

Mailing Address
**TAX DEPT.
P.O. BOX 570
NASHVILLE TN 37202
US**

3. Date Incorporated or Qualified
10/07/1992

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25** **29** **30**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
30

4. FEI Number
61-1227422

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
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and the date if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCEO <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, RICHARD L.	1.2 NAME
STREET ADDRESS	201 W MAIN STREET	1.3 STREET ADDRESS
CITY-ST-ZIP	LOUISVILLE KY 40202	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDEWATER, DAVID T.	2.2 NAME
STREET ADDRESS	201 W MAIN STREET	2.3 STREET ADDRESS
CITY-ST-ZIP	LOUISVILLE KY 40202	2.4 CITY-ST-ZIP
TITLE	VAS <input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, STEPHEN T.	3.2 NAME
STREET ADDRESS	201 W MAIN STREET	3.3 STREET ADDRESS
CITY-ST-ZIP	LOUISVILLE KY 40202	3.4 CITY-ST-ZIP
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBY, DAVID C.	4.2 NAME
STREET ADDRESS	201 W MAIN STREET	4.3 STREET ADDRESS
CITY-ST-ZIP	LOUISVILLE KY 40202	4.4 CITY-ST-ZIP
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRECO, SAMUEL A.	5.2 NAME
STREET ADDRESS	201 W MAIN STREET	5.3 STREET ADDRESS
CITY-ST-ZIP	LOUISVILLE KY 40202	5.4 CITY-ST-ZIP
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEMPHILL, NEIL D.	6.2 NAME
STREET ADDRESS	201 W MAIN STREET	6.3 STREET ADDRESS
CITY-ST-ZIP	LOUISVILLE KY 40202	6.4 CITY-ST-ZIP

ONE PARK PLAZA NASHVILLE, TN 37203	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ONE PARK PLAZA NASHVILLE, TN 37203	VAS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ONE PARK PLAZA NASHVILLE, TN 37203	VT/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ONE PARK PLAZA NASHVILLE, TN 37203	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ONE PARK PLAZA NASHVILLE, TN 37203	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *R. Milton Johnson* **R. MILTON JOHNSON** Date: **(4/17/96) 9:55 AM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)