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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

(4)

**FILED** May 01 1996 8:00 am Secretary of State

GALE	EN OF FLORIDA, INC.					
Principal Place of Business Mailing Address						DI BUKS BUDAN BADAN DEBIH DEBAH BADAN 1881
ONE PARK PLAZA P.O. BOX 570 NASHVILLE TN 37203 ATTN: TAX DEPT US NASHVILLE TN 3720			DEPT			
		US		3. Date Incorporated or Qualified 10/19/1967	3a. Date of Last Report 05/01/1995	
21	lace of Business	2a. Mailing Add	ress		4. FEI Number 59-1174716	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		,	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zip [29]	Country 30		8. This corporation has liability for i	intangible tax under s 199.032,
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New R	
THE O	RENTICE-HALL CORPORATION	I OVOTELL INO	81	Name		
1201 H	HAYS STREET	N STSTEM, INC.	82	Street Ad	dress (P.O. Box Number is Not Acceptabl	le)
SUITE	105 HASSEE FL 32301		83			
			84	City		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 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, and accept the obligations of Section 607.0505. Florida Statutes						
tamiliar wii SIGNATURE	th, and accept the obligations of, Se	ection 607.0505, Florida	Statutes.		от от отоского. Тистору досорг ите аррс	anneat as registered agent. Lam
	Signature, typed or printed name of registered ag-	ent and title if applicable	(NOTE Registered Agen	t signature requi	red when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE	MOEN, DANIEL J.	DEL	ETE 1 1 THTLE			Change Addition
NAME	ONE PARK PLAZA		1.2 NAME		and the same of th	
STREET ADDRESS	NASHVILLE TN		1.3 STREET	1. "	975 NW 1544 Street, #	
CITY-ST-ZIP TITLE	DSVP	E3 pc	1.4 CITY - \$		liami Lakes FL 33016	
NAME	SCHWEINHART, RICHARD	DEL		Į.V		Change 🔀 Addition
STREET ADDRESS	ONE PARK PLAZA	'n	2.2 NAME		iilton Johnson	
CITY-S1-ZIP	NASHVILLE TN				ne Park Plaza	
TITLE	DSP	[] DEL	24 CiTY - S	· ZIP	lashville, TN 37203	
NAME	BRAUN, STEPHEN T				DIV	Change Addition
STREET ADDRESS	ONE PARK PLAZA		3 2 NAME	ADDOCCO	7 . 2	
CITY-SI-ZIP	NASHVILLE TN		3.3. STREET 3.4 CITY - ST	10	ne Park Plaza	_,
TITLE	DSPT	DEII			lashville TN 3720:	
NAME	COLBY, DAVID C	<b>—</b> ···	4.2 NAME		1711	Change Addition
STREET ADDRESS	ONE PARK PLAZA		4.3 STREET	ADDRESS		
CITY - ST - ZIP	NASHVILLE FL		4.4 CNY - S1			
TITLE	VPF	<b>ŞX</b> DEL (		3		☐ Change 🔂 Addition
NAME	GRECO, SAMUEL A	•	5.2 NAME	5	ohn M Francic	
STREET ADDRESS	201 W MAIN STREET		5.3 STREET	ADDRESS D	ne Park Plaza	
CITY-ST-ZIP	LOUISVILLE KY		5.4 CITY - ST	-ZIP	ashurile, TN 3720	3
TITLE	EVP	<b>A</b> Dele	TE 6. 1 TOLE			☐ Change ☐ Addition
NAME	SMITH, WAYNE T.	•	6.2 NAME			
STREET ADDRESS	500 W. MAIN STREET		6.3 STREET	DDRESS		
CITY - ST - ZIP	LOUISVILLE KY		64 CITY-ST	- ZIP		

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: John Frank County

4-30-96 (45-327-955)