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

FILED
Mar 20 1996 8:00 am
Secretary of State

DOCUMENT # **542736** **(4)**

1. Corporation Name

CD OF PANAMA CITY, INC.

Principal Place of Business

918 8TH AVE. SOUTH
P.O. BOX 1260
NASHVILLE TN 37203
US

Mailing Address

918 8TH AVENUE. SOUTH
P.O. BOX 1260
NASHVILLE TN 37203
US

3. Date Incorporated or Qualified: **08/10/1977**
3a. Date of Last Report: **03/22/1995**

4. FEI Number: **59-1762387** ☐ 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

2. Principal Place of Business
21 225 West 23rd Street
22 Suite, Apt. #, etc. N/A
23 City & State: Panama City, FL
24 Zip: 32405
25 Country: U.S.

2a. Mailing Address
26 918 8th Avenue, South
27 Suite, Apt. #, etc. N/A
28 City & State: Nashville, TN
29 Zip: 37203
30 Country: U.S.

9. Name and Address of Current Registered Agent

BURKE, LES W.
303 MAGNOLIA AVENUE
PANAMA CITY FL 32401

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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SUGGS, PAUL		1.2 NAME		
STREET ADDRESS	3241 COUNTRY CLUB DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SUGGS, JAN		2.2 NAME		
STREET ADDRESS	3241 COUNTRY CLUB DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	DANNER, ROGER		3.2 NAME		
STREET ADDRESS	1451 ELMHILL PIKE		3.3 STREET ADDRESS	2 International Drive Ste 510	
CITY-ST-ZIP	NASHVILLE, TN 00000		3.4 CITY-ST-ZIP	Nashville, TN 37217	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 added by an attachment with an address.

SIGNATURE: _____ Roger Danner 3/14/96 615-367-9092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #