

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:40

DOCUMENT # 582512 (0)

1. Corporation Name

AMERICAN PREPAID PROFESSIONAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/17/1978
3a. Date of Last Report 03/02/1994

4. FCI Number 59-1843760
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 2a. Mailing Address

8800 ROSWELL ROAD, SUITE 295
ATLANTA GA 30350

8800 ROSWELL ROAD, SUITE 295
ATLANTA GA 30350

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILEY, BRYANT J.
726 N.W. 8TH AVENUE
GAINESVILLE FL 32601

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

Signature (typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KAFKER, ROGER
STREET ADDRESS 125 HIGH STREET, SUITE 2500
CITY, ST, ZIP BOSTON MA

1.1 TITLE T/V ☐ Change ☒ Addition
1.2 NAME Sharon S. Graham
1.3 STREET ADDRESS 8800 Roswell Road, Suite 295
1.4 CITY, ST, ZIP Atlanta, GA 30350

TITLE PDCT
NAME KLOCK, DAVID R
STREET ADDRESS 8800 ROSWELL RD., #295
CITY, ST, ZIP ATLANTA GA

2.1 TITLE P/D/C ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE D
NAME DALY, ROBERT
STREET ADDRESS 125 HIGH STREET, SUITE 2500
CITY, ST, ZIP BOSTON MA

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME DELETE
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE D
NAME STEPHENSON, JOSEPH
STREET ADDRESS 5767 SCENIC HILLS DR., S.W.
CITY, ST, ZIP ROANOKE VA

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 1052 Brookfield Road
4.4 CITY, ST, ZIP Memphis, TN 38119

TITLE SV
NAME KLOCK, PHYLLIS A
STREET ADDRESS 8800 ROSWELL RD., #295
CITY, ST, ZIP ATLANTA GA

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Philip Hertik
5.3 STREET ADDRESS 53 Century Blvd., Suite 250
5.4 CITY, ST, ZIP Nashville, TN 37214

TITLE V
NAME THORSEN, MARTIN P
STREET ADDRESS 8800 ROSWELL RD., #295
CITY, ST, ZIP ATLANTA GA

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

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)(b), 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 as an attachment with an address.

SIGNATURE:

Phyllis Klock

March 16, 1995 404-998-8936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number