

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90053 033 ***150.00

DOCUMENT # F00000002951

1. Entity Name
PASSPORT HEALTH COMMUNICATIONS, INC.



Principal Place of Business
**720 COOL SPRINGS BOULEVARD
STE. 450
FRANKLIN, TN 37067**

Mailing Address
**720 COOL SPRINGS BOULEVARD
STE. 450
FRANKLIN, TN 37067**

34043060



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03252004

Chg-P

CR2E034 (10/03)

4. FEI Number

62-1741830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD LACKEY, JAMES V JR.	<input type="checkbox"/> Delete
STREET ADDRESS	720 COOL SPRINGS BOULEVARD	
CITY-ST-ZIP	FRANKLIN, TN 37067	
TITLE NAME	D PROCTOR, DANIEL A	<input type="checkbox"/> Delete
STREET ADDRESS	810 BLACKBERRY HILL	
CITY-ST-ZIP	NASHVILLE, TN 37221	
TITLE NAME	V ELY, KEITH E	<input type="checkbox"/> Delete
STREET ADDRESS	720 COOL SPRINGS BOULEVARD	
CITY-ST-ZIP	FRANKLIN, TN 37067	
TITLE NAME	CMO MCCULLOUGH, SCOTT H	<input type="checkbox"/> Delete
STREET ADDRESS	720 COOL SPRINGS BOULEVARD	
CITY-ST-ZIP	FRANKLIN, TN 37067	
TITLE NAME	VS BROWN, ROBERT D	<input type="checkbox"/> Delete
STREET ADDRESS	720 COOL SPRINGS BOULEVARD	
CITY-ST-ZIP	FRANKLIN, TN 37067	
TITLE NAME	D HOOVER, JAMES B	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	108 FOREST AVENUE	
CITY-ST-ZIP	LOCUST VALLEY, NY 11560	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	V Kinard Jr., Robert W.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	720 Cool Springs Blvd.	
CITY-ST-ZIP	Franklin, TN 37067	
TITLE NAME	V Drake, Jeffrey L.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	720 Cool Springs Blvd.	
CITY-ST-ZIP	Franklin, TN 37067	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/04

615-661-5657