

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

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



03242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LACKEY, JAMES V JR.
STREET ADDRESS 720 COOL SPRINGS BOULEVARD
CITY-ST-ZIP FRANKLIN, TN 37067

TITLE D
NAME PROCTOR, DANIEL A
STREET ADDRESS 810 BLACKBERRY HILL
CITY-ST-ZIP NASHVILLE, TN 37221

TITLE V
NAME ELY, KEITH E
STREET ADDRESS 720 COOL SPRINGS BOULEVARD
CITY-ST-ZIP FRANKLIN, TN 37067

TITLE VS
NAME BROWN, ROBERT D
STREET ADDRESS 720 COOL SPRINGS BOULEVARD
CITY-ST-ZIP FRANKLIN, TN 37067

TITLE V
NAME KINARD, ROBERT W JR
STREET ADDRESS 720 COOL SPRINGS BLVD.
CITY-ST-ZIP FRANKLIN, TN 37067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000516787
05/01/06-80018-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

James V. Lackey
JAMES V. LACKEY PRES