

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000001543

1. Entity Name
ENVOY CORPORATION



FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90363 036 ***150.00

0646286 AT

Principal Place of Business
TWO LAKEVIEW PLAZA
15 CENTURY BOULEVARD, SUITE 600
NASHVILLE TN 37214

Mailing Address
TWO LAKEVIEW PLAZA
15 CENTURY BOULEVARD, SUITE 600
NASHVILLE TN 37214



2. Principal Place of Business
26 Century Blvd.

3. Mailing Address
26 Century Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 601

Suite 601

City & State

City & State

Nashville, TN

Nashville, TN

Zip

Country

Zip

Country

37214

USA

37214

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 58-2573488

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME APKER, THOMAS A
STREET ADDRESS 669 RIVER DRIVE, CENTER 2
CITY-ST-ZIP ELMWOOD PARK NJ 07407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME VUOLO, ANTHONY
STREET ADDRESS 669 RIVER DRIVE, CENTER 2
CITY-ST-ZIP ELMWOOD PARK NJ 07407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSD
NAME MELE, CHARLES A
STREET ADDRESS 669 RIVER DRIVE, CENTER 2
CITY-ST-ZIP ELMWOOD PARK NJ 07407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME FAILLA, FRANK J JR.
STREET ADDRESS 669 RIVER DRIVE, CENTER 2
CITY-ST-ZIP ELMWOOD PARK NJ 07407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME LAYMAN, KIRK G
STREET ADDRESS 669 RIVER DRIVE, CENTER 2
CITY-ST-ZIP ELMWOOD PARK NJ 07407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME SAYRE, TIM
STREET ADDRESS 669 RIVER DRIVE, CENTER 2
CITY-ST-ZIP ELMWOOD PARK NJ 07407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

4/24/03

(261) 703-3400

Date

Daytime Phone #

CR2E034 (10/02)