

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000003206**

1. Entity Name  
**AIM HEALTHCARE SERVICES, INC.**



Principal Place of Business  
**1021 WINDCROSS CT.  
FRANKLIN, TN 37067-2678**

Mailing Address  
**1021 WINDCROSS CT.  
FRANKLIN, TN 37067-2678**



06292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **62-1451147** 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**

**DO NOT WRITE  
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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SOHR, JAMES
STREET ADDRESS	2002 TYNE BLVD.
CITY- ST- ZIP	NASHVILLE, TN 37215
TITLE	VP
NAME	HALEY, CARL
STREET ADDRESS	116 WILSHIRE DR.
CITY- ST- ZIP	FRANKLIN, TN 37064
TITLE	ST
NAME	NOWERS, BURTON
STREET ADDRESS	9570 JOCKEY CLUB LANE
CITY- ST- ZIP	BRENTWOOD, TN 37027
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

**7/1/05**  
Date

Daytime Phone #