

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90009 023 ***158.75

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01162006 Chg-P CR2E034 (11/05)

DOCUMENT # F02000005996					
1. Entity Name VITAL RECORDS CONTROL OF FLORIDA, INC.					
Principal Place of Business 2801 MICHIGAN AVE. FORT MYERS, FL 33916			Mailing Address 5400 MELTECH SUITE 101 MEMPHIS, TN 38118		
2. Principal Place of Business 11901 Amedicus Lane			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Fort Myers FL			City & State		
Zip 33907	Country Lee	Zip	Country	4. FEI Number 41-2067833	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALO, DANNY 2801 MICHIGAN FORT MYERS, FL 33916			7. Name and Address of New Registered Agent Name: Danny Palo Street Address (P.O. Box Number is Not Acceptable): 11901 Amedicus Lane City: Fort Myers FL Zip Code: 33907		
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: <u>[Signature]</u> - EVP Danny Palo DATE: 1/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BELZ, JACK 100 PEABODY PLACE, SUITE 1400 MEMPHIS, TN 38103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALO, DANNY 4011 EAST RAINES ROAD MEMPHIS, TN 38118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, JIMMIE D 100 PEABODY PLACE, SUITE 1400 MEMPHIS, TN 38103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CECIL 855 RIDGE LAKE BLVD. MEMPHIS, TN 38119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETTY, RUSS 868 MT. MORIAH MEMPHIS, TN 38117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> - EVP Danny Palo 1/16/06 901-363-6555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					