

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000006270

1. Entity Name  
CHOICE SOURCE THERAPEUTIC SOUTH, INC.



Principal Place of Business  
1048 STANTON ROAD, STE A  
DAPHNE, AL 36526 US

Mailing Address  
211 COMMERCE STREET, STE. 800  
NASHVILLE, TN 37201

FILED

06 JUN 23 PM 1:19

SECRET  
TALLAHASSEE, FLORIDA  
300076522553



06132006 No Chg-P CR2E034 (11/05)

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4. FEI Number  
43-1859307

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE	V
NAME	GOLDING, DAVID
STREET ADDRESS	2211 SANDERS ROAD
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	PVD
NAME	MCLURE, HOWARD A
STREET ADDRESS	2211 COMMERCE STREET, 8TH FLOOR
CITY-ST-ZIP	NASHVILLE, TN 37201
TITLE	VSD
NAME	FINLEY, SARA J
STREET ADDRESS	2211 COMMERCE STREET, 8TH FLOOR
CITY-ST-ZIP	NASHVILLE, TN 37201
TITLE	D
NAME	KARRO, BRADLEY S
STREET ADDRESS	211 COMMERCE STREET, STE. 800
CITY-ST-ZIP	NASHVILLE, TN 37201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denise Sommer  
Asst. Corp Secretary

673-06 615-743-6600  
Date Daytime Phone #

**CSC.**

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 196990 7416132

AUTHORIZATION :

COST LIMIT : \$ 550.00

ORDER DATE : June 21, 2006

ORDER TIME : 7:12 PM

ORDER NO. : 196990-035

CUSTOMER NO: 7416132

ANNUAL REPORT FILING

NAME: CHOICE SOURCE THERAPEUTIC  
SOUTH, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#2914

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
06 JUN 23 AM 8:57  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA