FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	Name	00001666 (7)				
REPUB	LIC HEALTH CORPORATI	on of Meridian				
Principal Place of Business		Mailing Address			!! BBILL BBIBL IFBIB BIFFD BFILD BILT IDE!	
3401 WEST END AVENUE NASHVILLE TN 37203		3401 WEST END AVENU NASHVILLE TN 37203	IE			
				04/05/1993	a. Date of Last Report 05/01/1995	
2. Principal Place of Business		2a. Mailing Address 26 P.D. BOY_1 2.00		4. FEI Number 75-2236891	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	YLC .		\$8.75 Additional	
2		27		5. Cert-ficate of Status Desired	Fee Required	
City & State		City & State 28 NA Shull & T	N	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intar		
4	25 9. Name and Address of Curre	29 377 02 - 17 00	30	Florida Statutes Yes 4		
	g, name and Address of Carre	in negoticu Agent	81 Name	10. Hallo dila stationa of the strong.		
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
110 NORTH MAGNOLIA STREET						
TALLAHA	ASSEE FL 32301		83			
			84 City	84 City FL 85 Zip Code		
familiar with SIGNATURE	of agent, or both, in the State of Flor i, and accept the obligations of, Suc lignatur, typed or printed name of registered age	ction 607.0505, Florida Statutes.	the above harried conjunt by the corporation's boar Registered Apret squater require	ation submits this statement for the purpos of of directors. Thereby accept the appoint	ment as registered agent. I am	
12.		ND DIRECTORS	I 13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
TITLE	PCEO	□ OELE IE	1 1 hitt		Change Addition	
NAME	AMARAL, DONALD J		1.2 NAME	illiam L. Hough		
STREET ADDRESS	3401 WEST END AVENUE	SUITE 700	1.3 STREET ADDRESS			
CrTy - ST - ZrP Trille	NASHVILLE TN VSD	☐ DELETE	1.4 O/TY - ST - Z/P 2 1 TITLE		☐ Change ☐ Addition	
NAME	SOLTMAN, RONALD P	_ оста	2 2 NAME		C orange C 700mon	
STHEET ADDRESS	3401 WEST END AVENUE	SUITE 700	2.3 STREET ADDRESS			
CHY-SI-ZIP	NASHVILLE TN		2.4 CITY - \$1 - 7(P			
TITLE	AS	☐ DELETE	3 11111.6		Change 🔲 Addition	
NAME	ABBOTT, KAREN H		, 3.2 NAME			
STREET ADDRESS	3401 WEST END AVENUE	SUITE 700	3.3 STREET ADDRESS			
TIFLE	NASHVILLE TN TVAS	DECETE	3.4 CHY+ST-ZIP 4.1 TiTuE		Change Addition	
NAME	TONNIES, RUSSELL F		4.2 NAME			
STREET ADDRESS	3401 WEST END AVENUE		4.3 STREET ADDRESS			
C/TY-ST-Z/P	NASHVILLE TN		4.4 CITY ST ZIP		7230	
TITLE	DEVF	DELETE	5 1 TITLE		7—C13 hange	
NAME	PITTS, KEITH B		5.2 NAME.	***200.00		
STREET ADDRESS	3401 WEST END AVENUE		5.3 STREET ADDRESS			
DITY-ST-7IP TITLE	NASHVILLE TN VAS	☐ DELETE	5 4 CITY-ST-ZIF		Change Addition	
NAME	PARR, RICHARD A II	[] been	6 2 NAME		F1 * * * F1 .44*****	
STREET ADDRESS	3401 WEST END AVENUE	SUITE 700	6 3 STREET ADDRESS			
CITY - ST - ZIP	NASHVILLE TN		6 4 CHTY - ST - ZIP			
14. I do hereby	certify that the information supplied	d with this filing is voluntarily furnis nual report or supplemental annua	hed and does not quality f	or the exemption stated in Section 119.07(de and that my signature shall have the san	3)(k), Florida Statutes. Efurther ne legal effect as if made under	

certing that the information indicated on this announce, or supporting the analysis for a sociate and that my signature sharinave the same legal effect as it made that cath, that I am an officer or director of the corporation or the receiver or fusite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PAUL H AbbOH SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF

KAren H Abbott 3/7/96 615-383-8597