0523169

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR -2 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005426**

1. Corporation Name
IPN SERVICES, INC.

Principal Place of Business	Mailing Address
ONE PARK PLAZA NASHVILLE TN 37203	P.O. BOX 750 ATTN: TAX NASHVILLE TN 37202 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/30/1993**

4. FEI Number: **62-1358589** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This Corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required for Filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	V	[ ] DELETE	11 TITLE: DVP — [X] Change [ ] Addition
NAME	MILTON, JOHNSON R		12 NAME
STREET ADDRESS	ONE PARK PLAZA		13 STREET ADDRESS
CITY-ST-ZIP	NASHVILLE TN 37203		14 CITY-ST-ZIP
TITLE	DVPS	[ ] DELETE	21 TITLE [ ] Change [ ] Addition
NAME	FRANCK, JOHN M		22 NAME
STREET ADDRESS	4525 HARDING ROAD		23 STREET ADDRESS
CITY-ST-ZIP	NASHVILLE TN 37205		24 CITY-ST-ZIP
TITLE	DSVP	[X] DELETE	31 TITLE: DVP — [ ] Change [X] Addition
NAME	DONAHEY, KENNETH		32 NAME: A. Bruce Moore
STREET ADDRESS	ONE PARK PLAZA		33 STREET ADDRESS
CITY-ST-ZIP	NASHVILLE TN 37203		34 CITY-ST-ZIP
TITLE	V	[X] DELETE	41 TITLE: VP — [ ] Change [X] Addition
NAME	ELTON, ROSALYN		42 NAME: Ronald Lee Grubbs
STREET ADDRESS	ONE PARK PLAZA		43 STREET ADDRESS
CITY-ST-ZIP	NASHVILLE TN		44 CITY-ST-ZIP
TITLE	AS	[ ] DELETE	51 TITLE [ ] Change [ ] Addition
NAME	BLACKWOOD, DORA A		52 NAME
STREET ADDRESS	ONE PARK PLAZA		53 STREET ADDRESS
CITY-ST-ZIP	NASHVILLE TN 37203		54 CITY-ST-ZIP
TITLE		[ ] DELETE	61 TITLE: AS — [ ] Change [X] Addition
NAME			62 NAME: David Danson
STREET ADDRESS			63 STREET ADDRESS: One Park Plaza Nashville TN 37203
CITY-ST-ZIP			64 CITY-ST-ZIP

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3-29-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date