

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90156 001 ***150.00

DOCUMENT # F94000003431

1. Corporation Name

INTERNATIONAL HEALTH CARE ASSOCIATES XXVI, INC.

Principal Place of Business

404 BNA DRIVE
SUITE 404
NASHVILLE TN 37217
US

Mailing Address

404 BNA DRIVE
SUITE 404
NASHVILLE TN 37217
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1994

4. FEI Number

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

21 2 INTERNATIONAL PLAZA DRIVE

2a. Mailing Address

26 2 INTERNATIONAL PLAZA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 200

27 SUITE 200

City & State

City & State

23 NASHVILLE, TN

28 NASHVILLE, TN

Zip Country

Zip Country

24 37217

25 US

29 37217

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SUZUKI, SEIJI

STREET ADDRESS 404 BNA DRIVE, STE. 404

CITY-ST-ZIP NASHVILLE TN

TITLE VSTD ☒ DELETE

NAME ERVIN, JERE M

STREET ADDRESS 404 BAN DR., STE 404

CITY-ST-ZIP NASHVILLE TN

TITLE V ☒ DELETE

NAME ORAND, WILLIAM D

STREET ADDRESS 404 BNA DR., STE. 404

CITY-ST-ZIP NASHVILLE TN

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME SUZUKI, SE, SI

1.3 STREET ADDRESS 2 INTERNATIONAL PLAZA DRIVE, SUITE 200

1.4 CITY-ST-ZIP NASHVILLE, TN 37217

2.1 TITLE VSTD ☐ Change ☐ Addition

2.2 NAME ERVIN, JERE M

2.3 STREET ADDRESS 2 INTERNATIONAL PLAZA DR, SUITE 200

2.4 CITY-ST-ZIP NASHVILLE, TN 37217

3.1 TITLE V ☐ Change ☐ Addition

3.2 NAME ORAND, WILLIAM D

3.3 STREET ADDRESS 2 INTERNATIONAL PLAZA DR, SUITE 200

3.4 CITY-ST-ZIP NASHVILLE, TN 37217

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME J. Larry Williams
4.3 STREET ADDRESS 1101 Kermit Drive, Suite 300
4.4 CITY-ST-ZIP Nashville, TN 37217

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

J. Larry Williams Secretary

2/12/99

615-360-5500

CR2E034 (11/98)