

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002543 (5)

1. Corporation Name

MILESTONE HEALTHCARE, INC.



Principal Place of Business

Mailing Address

4525 HARDING ROAD
NASHVILLE TN 37205

4525 HARDING ROAD
NASHVILLE TN 37205

2. Principal Place of Business

2a. Mailing Address

21 2501 CEDAR SPRINGS RD

26 Same as 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 600 LB15

27

City & State

City & State

23 DALLAS TX

28

Zip

Country

Zip

Country

24 75201

25 USA

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

05/24/1995

4. FEI Number

Applied For
Not Applicable

75-2592398

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 has liability for intangible tax under s. 193.032,
Florida Statutes ☐ Yes ☐ No

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 of type for printed name of registered agent and to be applicable

(Signature of Registered Agent is graduate required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
CONNERY JR, W H
4525 HARDING ROAD
NASHVILLE TN

☐ Change ☐ Addition

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ALLEN, CHARLES
4525 HARDING ROAD
NASHVILLE TN

☒ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
DAVIS, GLENN D
4525 HARDING ROAD
NASHVILLE TN

☐ Change ☒ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
S
WHEELER, PHILIP D
4525 HARDING ROAD
NASHVILLE TN

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
VAT
KOBAN JR, MICHAEL A
4525 HARDING ROAD
NASHVILLE TN

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TITLE
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FRANCIS JR, RICHARD E
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SIGNATURE: William A. Brosius WILLIAM A. BROSIUS, CFO 7/17/96 214-871-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (3/96)