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FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000005492 (2)

1. Corporation Name

SOUTHERN MEDICAL LEASING CORPORATION

Principal Place of Business

200 CLINTON AVE., SUITE 804
HUNTSVILLE AL 35801

Mailing Address

200 CLINTON AVE., SUITE 804
HUNTSVILLE AL 35801-4933

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

11/09/1995

3a. Date of Last Report

03/15/1996

4. FEI Number

63-0714086

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

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 firm if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME GUTHRIE, HUGH L SR.
STREET ADDRESS 400 MERIDIAN ST. N., STE. 103
CITY-ST-ZIP HUNTSVILLE AL 35801

TITLE D ☐ DELETE

NAME GUTHRIE, HUGH L JR.
STREET ADDRESS 400 MERIDIAN ST. N., STE. 103
CITY-ST-ZIP HUNTSVILLE AL 35801

TITLE D ☐ DELETE

NAME GUTHRIE, LORI
STREET ADDRESS 400 MERIDIAN ST. N., STE. 103
CITY-ST-ZIP HUNTSVILLE AL 35801

TITLE S ☒ DELETE

NAME WILSON, FLOYD
STREET ADDRESS 400 MERIDIAN ST. N., STE. 103
CITY-ST-ZIP HUNTSVILLE AL 35801

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

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

109 Euclid Dr.
Madison, AL 35758

109 Euclid Dr.
Madison, AL 35758

Lori G. Corcoro
109 Euclid Dr.
Madison, AL 35758

14. I do 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.

SIGNATURE:

W. Wilson

3/17/97

2/15/97 4318

CR2E034 (9/96)