

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

DOCUMENT # F98000002804

1. Corporation Name

TOCE ACQUISITION SUB, INC.

Principal Place of Business

SIX CADILLAC DR., STE. 400
BRENTWOOD TN 37027

Mailing Address

SIX CADILLAC DR., STE. 400
BRENTWOOD TN 37027

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90095 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1998

4. FEI Number

APPLIED FOR 62-1744592

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PV ☐ DELETE
NAME SIELBECK, ALAN R
STREET ADDRESS 111 WESTWOOD PL., STE. 420
CITY-ST-ZIP BRENTWOOD TN 37027

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PVD ☒ Change ☐ Addition
SIELBECK, ALAN R-
SIX CADILLAC DRIVE, SUITE 400-
BRENTWOOD, TN 37027

TITLE V ☐ DELETE
NAME LADERMAN, LOU N
STREET ADDRESS 111 WESTWOOD PL., STE. 420
CITY-ST-ZIP BRENTWOOD TN 37027

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V ☒ Change ☐ Addition
LADERMAN, LOU N-
SIX CADILLAC DRIVE, SUITE 400
BRENTWOOD, TN 37027

TITLE V ☐ DELETE
NAME TAYLOR, ALFRED W III
STREET ADDRESS 111 WESTWOOD PL., STE. 420
CITY-ST-ZIP BRENTWOOD TN 37027

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

V ☒ Change ☐ Addition
TAYLOR, ALFRED W III
SIX CADILLAC DRIVE, SUITE 400
BRENTWOOD, TN 37027

TITLE SD ☐ DELETE
NAME SCHOFIELD, ANTHONY M
STREET ADDRESS 111 WESTWOOD PL., STE. 420
CITY-ST-ZIP BRENTWOOD TN 37027

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

SD ☒ Change ☐ Addition
SCHOFIELD, ANTHONY M
SIX CADILLAC DRIVE, SUITE 400
BRENTWOOD, TN 37027

TITLE AS ☒ DELETE
NAME AGEE, THERESA
STREET ADDRESS 111 WESTWOOD PL., STE. 420
CITY-ST-ZIP BRENTWOOD TN 37027

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

S ☐ Change ☒ Addition
TRIPLETT, C.E.
SIX CADILLAC DRIVE, SUITE 400
BRENTWOOD, TN 37027

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Anthony M. Schofield

Anthony M. Schofield

(615)371-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)