

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P00595 (9)

1. Corporation Name

HEALTH RESOURCES CORPORATION OF AMERICA - FLORID  
A



Principal Place of Business

3401 W. END AVE.  
SUITE 700  
NASHVILLE TN 37203

Mailing Address

3401 W. END AVE.  
SUITE 700  
NASHVILLE TN 37203

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
26 P.O. Box 1200  
27 Suite, Apt. #, etc.  
28 Nashville, TN  
29 37202-1200  
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  
01/16/1984

3a. Date of Last Report  
05/01/1995

4. FEI Number  
76-0087103

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

(BLOCK) Registered Agent signature, typed or printed name

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DCEE  
BURKLOW, BRYAN  
17300 N. W. 7TH AVENUE, SUITE 204  
MIAMI FL  
D  
PITTS, KEITH B  
3401 WEST END AVENUE, STE. 700  
NASHVILLE TN  
AS  
ABBOTT, KAREN H  
3401 WEST END AVENUE, STE. 700  
NASHVILLE TN  
VT  
TONNIES, RUSSELL F.  
3401 WEST END AVENUE, STE. 700  
NASHVILLE TN  
VAS  
SOLTMAN, RONALD P  
3401 WEST END AVENUE STE 700  
NASHVILLE TN  
AS  
PARR, RICHARD A II  
3401 WEST END AVE STE 700  
NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition  
11 TITLE  
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  
Domick Bianco  
200001767282  
-04/02/96--01127--014  
\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Karen H. Abbott Karen H. Abbott 3/7/96 615-383-8599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)