

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90010 015 ***150.00

DOCUMENT # P05000129666

1. Entity Name
HHC FOCUS FLORIDA, INC.



Principal Place of Business
6640 CAROTHERS PKWY STE 500
FRANKLIN, TN 37067

Mailing Address
6640 CAROTHERS PKWY STE 500
FRANKLIN, TN 37067

40028770



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0868132

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SO. SOUTH ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T ☒ Delete
NAME PITTS, JOHN
STREET ADDRESS 2941 S. LAKE VISTA DRIVE
CITY-ST-ZIP LEWISVILLE, TX 75067

TITLE President & Director ☐ Change ☒ Addition
NAME Joey A. Jacobs
STREET ADDRESS 6640 Carothers Pkwy Suite 500
CITY-ST-ZIP Franklin TN 37067

TITLE S ☒ Delete
NAME MEYERCOND, DAVID
STREET ADDRESS 2941 S. LAKE VISTA DRIVE
CITY-ST-ZIP LEWISVILLE, TX 75067

TITLE Secretary & Director ☐ Change ☒ Addition
NAME Christopher L. Howard
STREET ADDRESS 6640 Carothers Pkwy Suite 500
CITY-ST-ZIP Franklin TN 37067

TITLE P ☒ Delete
NAME BAUMANN, FRANK
STREET ADDRESS 2941 S. LAKE VISTA DRIVE
CITY-ST-ZIP LEWISVILLE, TX 75067

TITLE Vice President ☐ Change ☒ Addition
NAME Steven T. Davidson
STREET ADDRESS 6640 Carothers Pkwy Suite 500
CITY-ST-ZIP Franklin TN 37067

TITLE VP ☒ Delete
NAME MONAHAN, BRIAN
STREET ADDRESS 2941 S. LAKE VISTA DRIVE
CITY-ST-ZIP LEWISVILLE, TX 75067

TITLE Treasurer ☐ Change ☒ Addition
NAME Jack Polson
STREET ADDRESS 6640 Carothers Pkwy Suite 500
CITY-ST-ZIP Franklin TN 37067

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President ☐ Change ☒ Addition
NAME Brent Turner
STREET ADDRESS 6640 Carothers Pkwy Suite 500
CITY-ST-ZIP Franklin TN 37067

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/08
Date

605.312.5700
Daytime Phone #