

2001 UNIFORM BUSINESS REPORT (UBR)

page 1 of 3

DOCUMENT # P12674

1. Entity Name

NATIONAL ASSOCIATION OF SENIOR FRIENDS, INC.

FILED

01 MAY 14 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203 US	Mailing Address P.O. BOX 750 ATTN: LEGAL DEPT. NASHVILLE TN 37202 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 61-1111325	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOUSTRA, JANA ONE PARK PLAZA NASHVILLE TN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURNS YINGLING, TERESA ONE PARK PLAZA NASHVILLE TN 37203 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Spurgeon Mark One Park Plaza Nashville TN 37203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004421162-9 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 617, 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: TERESA BURNS YINGLING Date: 4/24/01 Daytime Phone #: 405-344-2761

Attachment Doc # 181074 C005M48
NATIONAL ASSOCIATION OF
**Senior
FRIENDS** Page 3

The National Association of Senior Friends Board of Directors are:

Jana Joustra, *President*
420 Elmington Ave. #522
Nashville, TN 37205
615-460-7851

Frank M. Houser, M.D., *Vice President*
834 North Curtiswood Lane
Nashville, TN 37204
615-783-2589

Mark Spurgeon, *Secretary and Treasurer*
105 Stanwick Drive
Franklin, TN 37067
615-591-0437

Emmett H. Harris, *Member*
1593 Campbell Rd
Goodlettsville, TN 37072
615-859-0835

Bert L. Montgomery, *Member*
815 Fonnice Drive
Nashville, TN 37207
615-868-3519



REC 3.13

ACCOUNT NO. : 072100000032

REFERENCE : 184202 4334907

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : June 13, 2001

ORDER TIME : 2:32 PM

ORDER NO. : 184202-005

CUSTOMER NO: 4334907

CUSTOMER: Ms. Heather D. Naaktgeboren
Hca The Healthcare Company
Po Box 750
One Park Plaza
Nashville, TN 37203

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 JUN 14 PM 3:02
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

RESUBMIT
Please give original
submission date as file date

NAME: NATIONAL ASSOCIATION OF SENIOR
FRIENDS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: SARA LEA
~~Unassigned~~ EXT#1114

EXAMINER'S INITIALS: _____