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FILED
May 15 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 # P21265 (4)
1. Corporation Name
MID-AMERICA PROFESSIONAL SERVICES, INC.



Principal Place of Business

Mailing Address

1919 CHARLOTTE AVENUE
SUITE 300
NASHVILLE TN 37203

125 EUGENE O'NEILL DR
NEW LONDON CT 06320-6410
US

3. Date Incorporated or Qualified
10/12/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 125 EUGENE O'NEILL DR
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

4. FEI Number

61-1098450

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

22 City & State

27 City & State

23 NEW LONDON, CT
Zip Country

28
Zip Country

24 06320 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 PD
NAME STRATTON, ARTHUR W JR
STREET ADDRESS 125 EUGENE O'NEILL DR
CITY-ST-ZIP NEW LONDON CT

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

Change Addition

TITLE DS
NAME STRATTON, NANCY L
STREET ADDRESS 125 EUGENE O'NEILL DR
CITY-ST-ZIP NEW LONDON CT

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

Change Addition

TITLE V
NAME GALLAGHER, JENNIFER B
STREET ADDRESS 125 EUGENE O'NEILL DR
CITY-ST-ZIP NEW LONDON CT

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

Change Addition

TITLE T
NAME KLNELL, JEFFREY W
STREET ADDRESS 125 EUGENE O'NEILL DR
CITY-ST-ZIP NEW LONDON CT

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Change Addition

TITLE
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 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:

David Hansen TREASURER 4/30/97 8100-201-2000

CR2E034 (9/96)