SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 JUN 22 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40234** **(7)**

1. Corporation Name
HSC OF BRADENTON, INC.

Mailing Address
~~1911 21ST AVENUE SOUTH~~
~~NASHVILLE TN 37212~~

Principal Place of Business
~~1911 21ST AVENUE SOUTH~~
~~NASHVILLE TN 37212~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1992
3a. Date of Last Report: 03/09/1993

2. Mailing Address
21 990 Hammond Dr.
Suite, Apt. #, etc.
22 Ste 300
City & State
23 Atlanta, GA
Zip 24 30328 Country 25 USA

2a. Principal Place of Business
26 990 Hammond Dr.
Suite, Apt. #, etc.
27 Ste 300
City & State
28 Atlanta, GA
Zip 29 30328 Country 30 USA

4. FEI Number: 62-1504706
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired: **$8.75 Additional Fee Required** ☐

6. For the Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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 or Sections 617.0502 and 617.1508, 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 or 617.0505, Florida Statutes.

SIGNATURE
Signature (typed or printed name of registered agent and title if applicable) Date Registered Agent signature required when name changed

12. OFFICERS AND DIRECTORS

1.1 TITLE	~~P/D~~
1.2 NAME	~~MORPHIS, ROCK A.~~
1.3 STREET ADDRESS	~~1911 21ST AVE. SO.~~
1.4 CITY ST ZIP	~~NASHVILLE TN~~
2.1 TITLE	~~V~~
2.2 NAME	~~GALLAGHER, THOMAS A., JR~~
2.3 STREET ADDRESS	~~1911 21ST AVE. SO.~~
2.4 CITY ST ZIP	~~NASHVILLE TN~~
3.1 TITLE	~~V/D~~
3.2 NAME	~~MCCLELLAN, DAVID G.~~
3.3 STREET ADDRESS	~~1911 21ST AVE. SO.~~
3.4 CITY ST ZIP	~~NASHVILLE TN~~
4.1 TITLE	~~V/D~~
4.2 NAME	~~RODEWALD, ALBERT~~
4.3 STREET ADDRESS	~~1911 21ST AVE. SO.~~
4.4 CITY ST ZIP	~~NASHVILLE TN~~
5.1 TITLE	~~V/D~~
5.2 NAME	~~STINSON, H. CARLTON~~
5.3 STREET ADDRESS	~~1911 21ST AVE. SO.~~
5.4 CITY ST ZIP	~~NASHVILLE TN~~
6.1 TITLE	~~A/S~~
6.2 NAME	~~VOIGHT, JOHN R.~~
6.3 STREET ADDRESS	~~424 CHURCH STREET, #2000~~
6.4 CITY ST ZIP	~~NASHVILLE TN~~

13. OFFICERS AND DIRECTORS ADDED

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	P/D
2.2 NAME	Luttrell, William B.
2.3 STREET ADDRESS	990 Hammond Dr. Ste 300
2.4 CITY ST ZIP	Atlanta, GA 30328
3.1 TITLE	V/S/T/D
3.2 NAME	Rasmussen, Gary W.
3.3 STREET ADDRESS	990 Hammond Dr. Ste 300
3.4 CITY ST ZIP	Atlanta, GA 30328
4.1 TITLE	V/D
4.2 NAME	Schneider, George G.
4.3 STREET ADDRESS	990 Hammond Dr. Ste 300
4.4 CITY ST ZIP	Atlanta, GA 30328
5.1 TITLE	V
5.2 NAME	Garvin, Sarah C.
5.3 STREET ADDRESS	990 Hammond Dr. Ste 300
5.4 CITY ST ZIP	Atlanta, GA 30328
6.1 TITLE	V
6.2 NAME	Blount, John
6.3 STREET ADDRESS	990 Hammond Dr. Ste 300
6.4 CITY ST ZIP	Atlanta, GA 30328

14. I do hereby certify that the information supplied with this report, if originally required and does, not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, further certify that the information indicated on this annual report or supplemental annual report is true and correct and that the signature shall bear the same legal effect as made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears on Block 12 or Block 13 of current or corrected filing with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/94 404-673 1954