FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000009755 (9)**

1. Corporation Name

COMMONWEALTH CONTINENTAL HEALTHCARE III, INC.

Principal Place of Business	Mailing Address
3401 WEST END AVE. SUITE 700 NASHVILLE TN 37203	3401 WEST END AVE. SUITE 700 NASHVILLE TN 37203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/07/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: County — 25:
Zip — 29: County — 30:

4. FEI Number: **65-0449729** ☐ 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

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

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 and typed or printed name of registered agent and the date adopted) (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	11 TITLE	D/C/CEO	☒ Change ☐ Addition
NAME	BRUKLOW, BRYAN	12 NAME		
STREET ADDRESS	17300 NW 7TH AVE. SUITE 204	13 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP		
TITLE	PCOO	21 TITLE	V/AS	☒ Change ☒ Addition
NAME	GARCIA, MARTHA	22 NAME	Richard A. Parr II	
STREET ADDRESS	3100 DOUGLAS ROAD	23 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP	Nashville, TN 37203	
TITLE	ASV	31 TITLE	✓	☒ Change ☐ Addition
NAME	SOLTMAN, RONALD	32 NAME		
STREET ADDRESS	3100 DOUGLAS ROAD	33 STREET ADDRESS		
CITY ST ZIP	CORAL GABLES FL	34 CITY ST ZIP		
TITLE	AV	41 TITLE	✓	☒ Change ☐ Addition
NAME	BRISCOE, RULON	42 NAME		
STREET ADDRESS	1401 W END AVE SUITE 700	43 STREET ADDRESS		
CITY ST ZIP	NASHVILLE TN 37203	44 CITY ST ZIP		
TITLE	AV	51 TITLE	✓	☒ Change ☐ Addition
NAME	ROE, PHILIP	52 NAME		
STREET ADDRESS	3401 W END AVE SUITE 700	53 STREET ADDRESS		
CITY ST ZIP	NASHVILLE TN 37203	54 CITY ST ZIP		
TITLE	AV	61 TITLE	AS	☒ Change ☒ Addition
NAME	DAGGETT, CHRIS	62 NAME	Karen H. Abbott	
STREET ADDRESS	3401 W END AVE SUITE 700	63 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY ST ZIP	NASHVILLE TN 37203	64 CITY ST ZIP	Nashville, TN 37203	

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)(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: Karen H. Abbott Karen H. Abbott 4/20/95 615-383-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0384426 CP