FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **12/07/1992**

3a. Date of Last Report: **05/01/1995**

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

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 1200
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Nashville, TN
Zip / Country 24 / 25	Zip / Country 29 37202-1200 / 30

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCCE	☑ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	BRUKLOW, BRYAN		1.2 NAME	William L. Hough	
STREET ADDRESS	17300 NW 7TH AVE. SUITE 204		1.3 STREET ADDRESS	3401 West End Ave., Ste 700	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Nashville, TN 37203	
TITLE	VAS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PARR, RICHARD A II		2.2 NAME		
STREET ADDRESS	3401 WEST END AVENUE SUITE 700		2.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SOLTMAN, RONALD		3.2 NAME		
STREET ADDRESS	3100 DOUGLAS ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP		
TITLE	V	☑ DELETE	4.1 TITLE	T	☑ Change ☐ Addition
NAME	BRISCOE, RULON		4.2 NAME	Russell F. Tonnies	
STREET ADDRESS	1401 W END AVE SUITE 700		4.3 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY-ST-ZIP	NASHVILLE TN		4.4 CITY-ST-ZIP	Nashville, TN 37203	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROE, PHILIP		5.2 NAME		
STREET ADDRESS	3401 W END AVE SUITE 700		5.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ABBOTT, KAREN H		6.2 NAME	800001767228 -04/02/96--01127--012 ***200.00	
STREET ADDRESS	3401 W END AVE SUITE 700		6.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 3/7/96 615-383-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #