

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 # P94000006929 (1)

1. Corporation Name

VISIONS HEALTHCARE, INC.



Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203

Mailing Address

P.O. BOX 570
NASHVILLE FL 37202-0570

3. Date Incorporated or Qualified
01/28/1994

3a. Date of Last Report
10/19/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

P.O. Box 570

22

City & State

27

ATTN: TAX DEPT

23

Zip

Country

28

Nashville, TN

24

25

29

37202

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4. FEI Number

62-1560556

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

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

Sign one, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME CONNERY, W. HUDSON JR
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

TITLE VP ☒ DELETE

NAME FRANCIS, RICHARD E JR
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

TITLE VPAT ☒ DELETE

NAME KOBAN, MICHAEL A JR
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

TITLE VP ☒ DELETE

NAME DONAHEY, KENNETH C
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

TITLE VP ☒ DELETE

NAME FLEETWOOD, JAMES M JR
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

TITLE VP ☒ DELETE

NAME WILLIAMS, HERBERT T
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Moen, Daniel
1.3 STREET ADDRESS One Park Plaza
1.4 CITY-ST-ZIP Nashville, TN 37203

2.1 TITLE V/AS ☐ Change ☒ Addition

2.2 NAME Braum, Stephen T.
2.3 STREET ADDRESS One Park Plaza
2.4 CITY-ST-ZIP Nashville, TN 37203

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME Schweinhart, Richard
3.3 STREET ADDRESS One Park Plaza
3.4 CITY-ST-ZIP Nashville, TN 37203

4.1 TITLE V ☐ Change ☒ Addition

4.2 NAME Johnson, R. Milton
4.3 STREET ADDRESS One Park Plaza
4.4 CITY-ST-ZIP Nashville, TN 37203

5.1 TITLE S ☐ Change ☒ Addition

5.2 NAME Franck, John M.
5.3 STREET ADDRESS One Park Plaza
5.4 CITY-ST-ZIP Nashville, TN 37203

6.1 TITLE V/AS ☐ Change ☒ Addition

6.2 NAME Daugherty, Bettye
6.3 STREET ADDRESS One Park Plaza
6.4 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)(k), 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:

R. Milton Johnson R. Milton Johnson 4-9-96 (615) 327-9551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)