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 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000041934 (8)

1. Corporation Name
DAVIS STOKES CHILTON COLLABORATIVE, INC.

Principal Place of Business
1876 NORTH UNIVERSITY DRIVE
STE. 308H
PLANTATION FL 33322

Mailing Address
1876 NORTH UNIVERSITY DRIVE
STE. 308H
PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1994
3a. Date of Last Report:

2. Principal Place of Business
21 5300 NORTHWEST 33RD AVENUE
Suite, Apt. #, etc.
22 SUITE 206
City & State
23 FT. LAUDERDALE, FL
Zip 24 33309 County 25 BROWARD

2a. Mailing Address
26 5300 NORTHWEST 33RD AVENUE
Suite, Apt. #, etc.
27 SUITE 206
City & State
28 FT. LAUDERDALE, FL
Zip 29 33309 County 30 BROWARD

4. FEI Number: 65-0490-748 ☐ 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

CAMERON, DAVID
1876 NORTH UNIVERSITY DRIVE
STE. 308H
PLANTATION FL 33322

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 will comply with the obligations of Section 607.0505, Florida Statutes.

SIGNATURE (a) (Typed or printed name of registered agent and title if applicable) (b) (Typed or printed name of registered agent) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PRESIDENT NAME CHILTON, IRA A. STREET ADDRESS 3406 BYRON AVENUE CITY-ST-ZIP NASHVILLE, TN	☐ Change ☐ Addition
TITLE VICE PRESIDENT NAME DAVIS, JOHN W. STREET ADDRESS 1045 FAIRFIELD PIKE CITY-ST-ZIP SHELBYVILLE, TN	☐ Change ☐ Addition
TITLE SECRETARY/TREASURER NAME STOKES, WILLIE O. STREET ADDRESS 5800 GREENBRIER RD. CITY-ST-ZIP Franklin, TN	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 9/1/95 mst
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition N DEPOSITED BY BANK

14. I, the undersigned, 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 with an address, with an asterisk, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Telephone Number

0230284 CP