

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 AM 9:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION		FLORIDA DEPARTMENT OF STATE
ANNUAL REPORT		Sandra B. Manning
1995		Secretary of State
DIVISION OF CORPORATIONS		

DOCUMENT # P94000041934 (8)

1. Corporation Name:
DAVIS STOKES CHILTON COLLABORATIVE, INC.

Principal Place of Business	Mailing Address
1676 NORTH UNIVERSITY DRIVE STE. 308H PLANTATION FL 33322	1676 NORTH UNIVERSITY DRIVE STE. 308H PLANTATION FL 33322

2. Principal Place of Business	2a. Mailing Address
21 5300 NORTHWEST 33RD AVENUE	26 5300 NORTHWEST 33RD AVENUE
22 SUITE 206	27 SUITE 206
23 FT. LAUDERDALE, FL	28 FT. LAUDERDALE, FL
24 33309	25 BROWARD
	29 33309
	30 BROWARD

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/06/1994	3a. Date of Last Report
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	10. Name and Address of New Registered Agent
CAMERON, DAVID 1676 NORTH UNIVERSITY DRIVE STE. 308H PLANTATION FL 33322	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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.

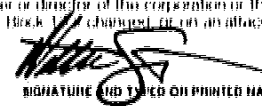
SIGNATURE _____

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

5/1/95 HST

W 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(2)(b), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged or on an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR