

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000048123 (1)

1. Corporation Name

NFM ACQUISITION COMPANY

Principal Place of Business

2826 CROASDALE DR
DURHAM NC 27705

Mailing Address

ATTN: TAX DEPARTMENT
P.O. BOX 15309
DURHAM NC 27705
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 ATTN: TAX DEPT
Suite, Apt. #, etc.

22 City & State

27 P O BOX 740026
City & State

23 Zip

Country

28 LOUISVILLE, KY
Zip

29 40201-7426

Country

24

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

3. Date Incorporated or Qualified
06/24/1994

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

4. FEI Number

56-1879460

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Not Permitted)
600001817706
-05/13/96--01015--013

83 ***200.00

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

(Signature, typed or printed name of registered agent or director applicable)

(NOTE: Registered Agent signature required when it is a change)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BIRCH, WALTER E	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE. 315	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HARDISTER, SHAWN W	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE. 315	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SMITH, WAYNE	
13 STREET ADDRESS	500 W MAIN	
14 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
21 TITLE	SrVP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	CASH, W LARRY	
23 STREET ADDRESS	500 W MAIN	
24 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
31 TITLE	SrVP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	COUGHLIN, KAREN A	
33 STREET ADDRESS	500 W MAIN	
34 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
41 TITLE	SrVP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	GARMON, PHILIP B	
43 STREET ADDRESS	500 W MAIN	
44 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
51 TITLE	SrVP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	LANKFORD, RONALD S., M.D.	
53 STREET ADDRESS	500 W MAIN	
54 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
61 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	BAUERNFEIND, GEORGE	
63 STREET ADDRESS	500 W MAIN	
64 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	

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: *George Bauernfeind* VICE PRESIDENT-TAXES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 29 1996

(502)580-1000
Daytime Phone #

CR2E034 (12/95)