# CORPORATION ANNUAL REPORT 1995

Florida Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048620 (6)

1. Corporation Name
HEALTH PROVIDERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| [redacted] | [redacted] |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 06/29/1994 | 3a. Date of Last Report: |
| 4. FEI Number: 63-1121884 | ☐ 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 Two Perimeter Park South | 26 P. O. Box 380546 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: Birmingham, AL | 28 City & State: Birmingham, AL |
| 24 Zip: 35243 25 County: US | 29 Zip: 35238 30 County: US |

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | Chairman of the Board/Director | ☒ Change ☐ Addition |
| NAME | STEPHENS, MICHAEL E | 12 NAME | Richard M. Scrushy | |
| STREET ADDRESS | 813 SHADES CREEK PARKWAY, SUITE 300 | 13 STREET ADDRESS | Two Perimeter Park South | |
| CITY-ST-ZIP | BIRMINGHAM AL 35209 | 14 CITY-ST-ZIP | Birmingham, AL 35243 | |
| TITLE | D | 21 TITLE | Vice President/Treasurer/Director | ☒ Change ☐ Addition |
| NAME | MARSHALL, THOMAS W | 22 NAME | Aaron Beam, Jr. | |
| STREET ADDRESS | 813 SHADES CREEK PARKWAY, SUITE 300 | 23 STREET ADDRESS | Two Perimeter Park South | |
| CITY-ST-ZIP | BIRMINGHAM AL 35209 | 24 CITY-ST-ZIP | Birmingham, AL 35243 | |
| TITLE | | 31 TITLE | Vice President/Secretary/Director | ☒ Change ☐ Addition |
| NAME | | 32 NAME | Anthony J. Tanner | |
| STREET ADDRESS | | 33 STREET ADDRESS | Two Perimeter Park South | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | Birmingham, AL 35243 | |
| TITLE | | 41 TITLE | President | ☐ Change ☒ Addition |
| NAME | | 42 NAME | James P. Bennett | |
| STREET ADDRESS | | 43 STREET ADDRESS | Two Perimeter Park South | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | Birmingham, AL 35243 | |
| TITLE | | 51 TITLE | Vice President/Assistant Secretary | ☐ Change ☒ Addition |
| NAME | | 52 NAME | William W. Horton | |
| STREET ADDRESS | | 53 STREET ADDRESS | Two Perimeter Park South | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | Birmingham, AL 35243 | |
| TITLE | | 61 TITLE | Vice President/Assistant Secretary | ☐ Change ☒ Addition |
| NAME | | 62 NAME | C. Drew Demeray | |
| STREET ADDRESS | | 63 STREET ADDRESS | Two Perimeter Park South | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | Birmingham, AL 35243 | |

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: _____ 3/14/95 (205)967-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Aaron Beam, Jr., Vice President & Treasurer

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