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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:44

DOCUMENT # **P94000090817 (5)**

1. Corporation Name
NORTH FLORIDA INFUSION CORPORATION

Principal Place of Business	Mailing Address
201 WEST MAIN STREET LOUISVILLE KY 40202	201 WEST MAIN STREET LOUISVILLE KY 40202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 61-1276562 (☐ Applied For ☐ Not Applicable)
21 ONE PARK PLAZA	26 PO BOX 570	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. ATTN: TAX DEPT.	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23 City & State: NASHVILLE TN	28 City & State: NASHVILLE TN	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24 Zip: 37203 25 Country	29 Zip: 37202 30 Country	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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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	D SVP S	☒ Change ☐ Addition
NAME	BRAUN, STEPHEN T	12 NAME		
STREET ADDRESS	201 WEST MAIN STREET	13 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	LOUISVILLE KY 40202	14 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	21 TITLE	D SVP T	☒ Change ☐ Addition
NAME	COLBY, DAVID C	22 NAME		
STREET ADDRESS	201 WEST MAIN STREET	23 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	LOUISVILLE KY 40202	24 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	SCHWEINHART, RICHARD A	32 NAME		
STREET ADDRESS	201 WEST MAIN STREET	33 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	LOUISVILLE KY 40202	34 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE		41 TITLE	P	☐ Change ☒ Addition
NAME		42 NAME	DANIEL J. HOEN	
STREET ADDRESS		43 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP		44 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: Vice President 4PM AM VS. 615-350-2151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0384000 CP