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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000090817 (5)**

1. Corporation Name

NORTH FLORIDA INFUSION CORPORATION

Principal Place of Business

**ONE PARK PLAZA
NASHVILLE TN 37203
US**

Mailing Address

**P O BOX 750
NASHVILLE TN 37202
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1994

4. FEI Number

61-1276562

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORP SYSTEM
1201 HAYS ST
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

**NAME
-BRAUN, STEPHEN T
STREET ADDRESS
ONE PARK PLAZA
CITY-ST-ZIP
NASHVILLE TN**

TITLE ☐ DELETE

**NAME
-DSVT
DONAHEY, KENNETH
STREET ADDRESS
ONE PARK PLAZA
CITY-ST-ZIP
NASHVILLE TN**

TITLE ☐ DELETE

**NAME
D
ELTON, ROSALYN
STREET ADDRESS
ONE PARK PLAZA
CITY-ST-ZIP
NASHVILLE TN**

TITLE ☒ DELETE

**NAME
-VANDEWATER, DAVID
STREET ADDRESS
ONE PARK PLAZA
CITY-ST-ZIP
NASHVILLE TN**

TITLE ☐ DELETE

**NAME
-8
FRANCK, JOHN M
STREET ADDRESS
ONE PARK PLAZA
CITY-ST-ZIP
NASHVILLE TN**

TITLE ☐ DELETE

**NAME
V
JOHNSON, R MILTON
STREET ADDRESS
ONE PARK PLAZA
CITY-ST-ZIP
NASHVILLE TN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

**AS
Blackwood, Dora A.**

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

DSVAT

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☒ Change ☐ Addition

DVPS

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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

4-23-98

CFR2E034 (10/97)