

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000072266 (6)

1. Corporation Name

SOUTHWEST FLORIDA MANAGEMENT ASSOCIATES, INC.

Principal Place of Business

ONE PARK PLAZA  
NASHVILLE TN 37203

Mailing Address

ONE PARK PLAZA  
NASHVILLE TN 37203



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

P.O. Box 570

27

Attn: Tax Dept.

28

Nashville, TN

29

37202

30

U.S.

3. Date Incorporated or Qualified  
09/19/1995

3a. Date of Last Report

4. FEI Number

62-1615708

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D BRAUN, STEPHEN T  
STREET ADDRESS  
ONE PARK PLAZA  
CITY-ST-ZIP  
NASHVILLE TN 37203

TITLE ☐ DELETE

NAME  
D COLBY, DAVID D  
STREET ADDRESS  
ONE PARK PLAZA  
CITY-ST-ZIP  
NASHVILLE TN 37203

TITLE ☐ DELETE

NAME  
D SCHWEINHART, RICHARD A  
STREET ADDRESS  
ONE PARK PLAZA  
CITY-ST-ZIP  
NASHVILLE TN 37203

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

D/V/AS  
Braun, Stephen T.  
1.2 NAME  
One Park Plaza  
1.3 STREET ADDRESS  
Nashville, TN 37203  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

D/T/V  
Colby, David C.  
2.2 NAME  
One Park Plaza  
2.3 STREET ADDRESS  
Nashville, TN 37203  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

D/V  
Schweinhart, Richard A.  
3.2 NAME  
One Park Plaza  
3.3 STREET ADDRESS  
Nashville, TN 37203  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

P  
Moen, Daniel  
4.2 NAME  
7975 NW 154th St. #400A  
4.3 STREET ADDRESS  
Miami Lakes, FL 33016  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

V  
Johnson, R. Milton  
5.2 NAME  
One Park Plaza  
5.3 STREET ADDRESS  
Nashville, TN 37203  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

S  
Franck, John M.  
6.2 NAME  
One Park Plaza  
6.3 STREET ADDRESS  
Nashville, TN 37203  
6.4 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)(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:

R. Milton Johnson

R. Milton Johnson 4/8/96 615-327-9551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)