

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 # **P95000087990 (4)**

1. Corporation Name
COLUMBIA CREDENTIALING SERVICES, INC.



Principal Place of Business
**ONE PARK PLAZA
NASHVILLE TN 37203**

Mailing Address
**ONE PARK PLAZA
NASHVILLE TN 37203**

3. Date Incorporated or Qualified
11/16/1995

3a. Date of Last Report

2. Principal Place of Business
21

2a. Mailing Address
26 **P.O. Box 570**
Suite, Apt. #, etc.
27 **Attn: Tax Dept.**
City & State
28 **Nashville, TN**
Zip
24 **37202** Country
25 **US**

4. FEI Number
62-1635982

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
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	BRAUN, STEPHEN T	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	<input type="checkbox"/>
NAME	COLBY, DAVID C	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	<input type="checkbox"/>
NAME	SCHWEINHART, RICHARD A	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2. NAME			
3. STREET ADDRESS			
4. CITY-ST-ZIP			
2. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22. NAME			
23. STREET ADDRESS			
24. CITY-ST-ZIP			
3. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32. NAME			
33. STREET ADDRESS			
34. CITY-ST-ZIP			
4. TITLE	Vice President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42. NAME	R. Milton Johnson		
43. STREET ADDRESS	One Park Plaza		
44. CITY-ST-ZIP	Nashville, TN 37203		
5. TITLE	President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
52. NAME	Daniel moen		
53. STREET ADDRESS	7475 NW 154th St, #400A		
54. CITY-ST-ZIP	Miami Lakes, FL 33016		
6. TITLE	Secretary	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. NAME	John M. Franck		
63. STREET ADDRESS	One Park Plaza		
64. CITY-ST-ZIP	Nashville, TN 37203		

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 4-4-96 (615) 327-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)