## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT** 

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NAME

STREET ADDRESS

CITY-\$T-ZIP

ONE PARK PLAZA

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**NASHVILLE TN** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000087990 (4)

COLUMBIA CREDENTIALING SERVICES, INC.

Principal Place of Business Mailing Address ONE PARK PLAZA PO BOX 750 NASHVILLE TN 37203 ATTN: TAX DEPT. NASHVILLE TN 37202 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-1635982 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zιο Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 TALLAHASSEE FL 32301 83 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE **B**RAUN, STEPHEN T NAME 1.2 NAME ONE PARK PLAZA STREET ADDRESS 1.3 STREET ADDRESS **NASHVILLE TN 37203** CITY-ST-ZIP 1.4 C(TY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE Donahey DONAHWY, KENNETH NAME 2.2 NAME **ONE PARK PLAZA** STREET ADDRESS 2.3 STREET ADDRESS **NASHVILLE TN** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE **ELTON, ROSALYN** NAME 3.2 NAME ONE PARK PLAZA STREET ADDRESS 3.3 STREET ADDRESS NASHVILLE TN CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition 4.1 TITLE TITLE JOHNSON, R. M NAME 4. 2 NAME **ONE PARK PLAZA** STREET ADDRESS 4.3 STREET ADDRESS NASHVILLE TN CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE Rackwood Dora A. ne laar Haza wanville TN 31203 PLEETWOOD, JIM 5.2 NAME NAME 7975 NW 154TH ST . 4004 5.3 STREET ADDRESS STREET ADDRESS MIAMILLAKES FL 5.4 C(1Y - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Addition TITLE FRANCK, JOHN M

6.2 NAME

6 3 STREET ADDRESS

64 CTY-ST-ZIP

14. Thereby 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 arrival 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. 414-108

**FILED** 

Apr 29 1998 8:00am

Secretary of State