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

PROFIT CORPORATION ANNUAL REPORT



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P96000072622 (9)

TRILINK PROVIDER SERVICES ORGANIZATION, INC.

Principal Prace of Business		Mailing Address			- I HEBSIREAL HIE HEHAN BAHU ABHU ABHU ABUH ABUH HELIE INDIA BAHA HAND INDI INDI		
3401 W END AVE STE 700 NASHVILLE TN 37203			3401 W END AVE STE 700 NASHVILLE TN 37203-1070				
MASHVILLE IN	37203	MASHYILLE IN STRONG	uru		3. Date incorporated or Qualified 08/30/1996	3a. Date of Last	Report
2. Principa Pia	ace of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			65-0700971		lot Applicable
Suite Apr. #	₹ etc	Suite, Apt. #, etc.		*****		\$8.75	Additional
2		27			5. Certificate of Status Desired		Required
City & State	/	City & State			6. Election Campaign Financing	\$5.00	) May Be
3		28			Trust Fund Contribution		to Fees
Zip	Country	7ip	Country		8. This corporation has liability for		s. 199.032,
24	25	29	30			Yes M No	
	9. Name and Address of Cur	rent Hegistered Agent	81	Name	10. Name and Address of New Ro	egistered Agent	
	CORPORATION SYSTEM		**	Name			
1200 SOUTH PINE ISLAND ROAD		J	82 Street Ad		Address (P.O. Box Number is Not Acceptable)		
PLAN	NTATION FL 33324		83				
			63				
			84	City		FL 85 Zip	Code
11. Pursuant lo	o the provisions of Sections 607 (	0502 and 607.1508. Florida Stat	tutes, the above	named corp	poration submits this statement for the	nurpose of changing	its registered
office or re	egistered agent, or both, in the SI n familiar with, and accept the ob-	ate of Florida. Such change wa	is authorized by	the corporat	tion's board of directors. I hereby acce	pt the appointment a	s registered
	и вагинат миги, алти ассоритие ок	nigations of, section our usos,	Fiorioa Statutes.				
ű							
SIGNATURE .	Sugratur - typasa i i promot name of nici stored	Legent and title it applicable. (N	IO*E: Registered Agen	t signature requir	red when reinstating)	DATE	
SIGNATURE	Signatus (Nyaéti i germentren sistin gelend Officers)	Lagent and filler cape cable. (N AND DIRECTORS	IOTE: Registered Agen	t signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFI		RS IN 12
SIGNATURE .		······································		t signature requir	-		
SIGNATURE  12. TIFLE	OFFICERS :	AND DIRECTORS	13.	t signature requir	-	CERS AND DIRECTO	
SIGNATURE  12. TITLE NAME	OFFICERS :	AND DIRECTORS DELETE	13.		-	CERS AND DIRECTO	
SIGNATURE .	OFFICERS : D Hough, William L	AND DIRECTORS DELETE	13. 1 1 TITLE 1 2 NAME	DDRESS	-	CERS AND DIRECTO	
SIGNATURE 5  12.  TIRE NAME STREET ADDRESS	D Hough, William L 3401 W END AVE STE 700	AND DIRECTORS DELETE	13. 11 TITLE 12 NAME 1.3 STREET /	DDRESS	-	CERS AND DIRECTO	☐ Addition
SIGNATURE  12. THEE NAME SHEEL ADDRESS CHY-ST-ZiP	D HOUGH, WILLIAM L 3401 W END AVE STE 700 NASHVILLE TN 37203	AND DIRECTORS  DELETE	13. 11 TITLE 12 NAME 13 STREET / 14 CITY-ST	IDDRESS -ZIP	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO Change Change	☐ Addition
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SIGNATURE  12. TIRE NAME STREET ADDRESS CITY-ST-ZIP TIRE	D HOUGH, WILLIAM L 3401 W END AVE STE 700 NASHVILLE TN 37203 D BIANCO, DOMINICK	AND DIRECTORS  DELETE	13. 13 TITLE 12 NAME 13 STREET / 14 CITY-ST 2.1 TITLE 2.2 NAME	ODRESS -ZIP RODRESS	-	CERS AND DIRECTO Change Change	☐ Addition
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