## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P96000077045

Entity Name: HOLMES COUNTY CLINIC CORP.

FILED Jan 09, 2002 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
401 EAST E BONIFAY, F		US				
Current Mailing Address:				New Mailing Address:		
155 FRANKLIN RD #400 BRENTWOOD, TN 37027 US						
FEI Number:	59-3401453	FEI Number Applied Fo	or() FEINu	mber Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,						
in the State						
SIGNATUR		nic Signature of Registe	orod Agont		 Date	
Election Cam	_	o satisfy its Intangible Tax g Trust Fund Contribution :TORS:			do so (X). IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FROMHOLD, J	I RRD SUITE 100		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CASH, W LAR	I RD SUITE 400		Title: Name: Address: City-St-Zip:	EVCF (X) Change ( ) Addition CASH, W LARRY 155 FRANKLIN RD SUITE 400 BRENTWOOD, TN 37027	
Title: Name: Address: City-St-Zip:	SEIFERT, RAC	I RD SUITE 400		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHWEINHAR	RD SUITE 400		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HARDISON, R	I RD SUITE 400		Title: Name: Address: City-St-Zip:	AS (X) Change ( ) Addition CONNELLY, SHERRY 155 FRANKLIN RD SUITE 400 BRENTWOOD, TN 37027	
Title: Name: Address: City-St-Zip:	BUFORD, T M	I RD SUITE 400		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY CONNELLY AS 01/09/2002