

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0113789

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUL 24 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P97000002848 (4)**

1. Corporation Name
MHA IPA, INC.

Principal Place of Business
**3401 WEST END AVE. SUITE 700
NASHVILLE TN 32703**

Mailing Address
**3401 WEST END AVE. SUITE 700
NASHVILLE TN 32703**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **3820 State Street**
Suite, Apt. #, etc.

26 **c/o Mary H. Yumibe**
Suite, Apt. #, etc.

22
City & State

27 **3820 State Street**
City & State

23 **Santa Barbara, CA**

28 **Santa Barbara, CA**

24 Zip **93105** Country **USA**

29 Zip **93105** Country **USA**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

01/10/1997

4. FEI Number

65-0724203

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **300002600653--3**
-07/28/98--01071--022

84 City *******550.00 *****550.00**

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOUGH, WILLIAM L	
STREET ADDRESS	3401 WEST END AVE, SUITE 700	
CITY-ST-ZIP	NASHVILLE TN 32703	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRAYER, ANTHONY	
STREET ADDRESS	17900 NW 7TH AVE, SUITE 204	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PITTS, KEITH B	
STREET ADDRESS	3401 WEST END AVE, SUITE 700	
CITY-ST-ZIP	NASHVILLE TN 32703	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Scott M. Brown	
1.3 STREET ADDRESS	3820 State Street	
1.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael H. Focht, Sr.	
2.3 STREET ADDRESS	3820 State Street	
2.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
3.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Terence P. McMullen	
3.3 STREET ADDRESS	3820 State Street	
3.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Caitlin M. Larsen	
4.3 STREET ADDRESS	3820 State Street	
4.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
5.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Trevor Fetter	
5.3 STREET ADDRESS	3820 State Street	
5.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby 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 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: *Caitlin M. Larsen* **Caitlin M. Larsen, Asst. Sec. 7/19/98 805/563-7075**

CR2E034 (5/98)