

# 2000 UNIFORM BUSINESS REPORT (UBR)

0205148

DOCUMENT # P97000104670

1. Entity Name

RENEX MANAGEMENT SERVICES, INC.

FILED

00 APR 12 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

201 ALHAMBRA CIR  
STE 800  
CORAL GABLES FL 33134  
US

201 ALHAMBRA CIR  
STE 800  
CORAL GABLES FL 33134-5108  
US

2. Principal Place of Business

3. Mailing Address

511 Union Street  
Suite, Apt. #, etc.

511 Union Street  
Suite, Apt. #, etc.

Suite 1800

Suite 1800

City & State

City & State

Nashville, TN

Nashville, TN

Zip

Country

37219

U.S.A.

Zip

Country

37219

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUMAN, BRYAN W ESQ.  
2222 PONCE DE LEON BOULEVARD, SIXTH FLOOR  
CORAL GABLES FL 33134

Name

NRAI Services, Inc. 300003215329--9

Street Address (P.O. Box Number is Not Acceptable) 04/19/00-01101-015  
\*\*\*150.00 \*\*\*150.00

526 East Park Avenue

City

Tallahassee

FL

Zip Code

33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Assistant Secretary

00:00:00 96/09/00  
04/19/00-01101-015  
FOR DEPOSIT ONLY  
DEPT OF STATE 4500453  
\$5.00 May Be  
Added to Fees

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SHEA, JAMES P	
STREET ADDRESS	201 ALHAMBRA CIR STE 800	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerome S. Tannenbaum, M.D.	
STREET ADDRESS	511 Union Street, Suite 1800	
CITY-ST-ZIP	Nashville, TN 37219	
TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey Hymes, M.D.	
STREET ADDRESS	511 Union Street, Suite 1800	
CITY-ST-ZIP	Nashville, TN 37219	
TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. Stephen Harrison	
STREET ADDRESS	511 Union Street, Suite 1800	
CITY-ST-ZIP	Nashville, TN 37219	
TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph A. Cashia	
STREET ADDRESS	511 Union Street, Suite 1800	
CITY-ST-ZIP	Nashville, TN 37219	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leif Murphy	
STREET ADDRESS	511 Union Street, Suite 1800	
CITY-ST-ZIP	Nashville, TN 37219	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shannon Sexton	
STREET ADDRESS	511 Union Street, Suite 1800	
CITY-ST-ZIP	Nashville, TN 37219	

SP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*M. Stephen Harrison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Stephen Harrison

3/28/00

Date

615-777-8210

Daytime Phone #

CR2E034 (9/99)