SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED

94 JUN 23 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S31434** **(1)**

1. Corporation Name

HSC OF BOCA RATON, INC.

Mailing Address	Principal Place of Business
~~1911 21ST AVE. SOUTH~~	501 GLADES RD
~~NASHVILLE TN 37212~~	BOCA RATON FL 33432-1419

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1991	3a. Date of Last Report: 06/18/1993
2. Mailing Address (21): 990 Hammond Dr.	2a. Principal Place of Business (26):
Suite, Apt. #, etc. (22): Ste 300	Suite, Apt. #, etc. (27):
City & State (23): Atlanta GA	City & State (28):
Zip (24): 30328 Country (25): USA	Zip (29): Country (30):
4. FEI Number: 62-1509341	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SO. PINE ISLAND RD. PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	~~P/D~~	11 TITLE	
12 NAME	~~MORPHIS, ROCK A.~~	12 NAME	
13 STREET ADDRESS	~~1911 21ST AVENUE SOUTH~~	13 STREET ADDRESS	
14 CITY-ST-ZIP	~~NASHVILLE TN 37212~~	14 CITY-ST-ZIP	
21 TITLE	V/D	21 TITLE	V
22 NAME	BLOUNT, JOHN	22 NAME	Blount, John
23 STREET ADDRESS	1911 21ST AVENUE SOUTH	23 STREET ADDRESS	
24 CITY-ST-ZIP	NASHVILLE TN 37212	24 CITY-ST-ZIP	
31 TITLE	~~V/D~~	31 TITLE	P/D
32 NAME	~~MCCLELLAN, DAVID G.~~	32 NAME	Luttrell, William B.
33 STREET ADDRESS	~~1911 21ST AVENUE SOUTH~~	33 STREET ADDRESS	990 Hammond Dr. Ste 300
34 CITY-ST-ZIP	~~NASHVILLE TN 37212~~	34 CITY-ST-ZIP	Atlanta, GA 30328
41 TITLE	V/D	41 TITLE	V/S/T/D
42 NAME	~~RODEWALD, ALBERT~~	42 NAME	Rasmussen, Gary W.
43 STREET ADDRESS	~~1911 21ST AVENUE SOUTH~~	43 STREET ADDRESS	990 Hammond Dr. Ste 300
44 CITY-ST-ZIP	~~NASHVILLE TN 37212~~	44 CITY-ST-ZIP	Atlanta, GA 30328
51 TITLE	~~V/D~~	51 TITLE	V/D
52 NAME	~~STINSON, H. CARLTON~~	52 NAME	Schneider, George G.
53 STREET ADDRESS	~~1911 21ST AVENUE SOUTH~~	53 STREET ADDRESS	990 Hammond Dr. Ste 300
54 CITY-ST-ZIP	~~NASHVILLE TN 37212~~	54 CITY-ST-ZIP	Atlanta, GA 30328
61 TITLE	~~S/D~~	61 TITLE	V
62 NAME	~~GALLAGHER, THOMAS A.~~	62 NAME	Garvin, Sarah C
63 STREET ADDRESS	~~1911 21ST AVENUE SOUTH~~	63 STREET ADDRESS	990 Hammond Dr. Ste 300
64 CITY-ST-ZIP	~~NASHVILLE TN 37212~~	64 CITY-ST-ZIP	Atlanta, GA 30328

14. I do hereby certify that the information supplied with this filing is authentic, furnished and does not qualify for the exemption stated in Section 119.07, title 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/15/94 404-673-1454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #