

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 APPROVED AND FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY 10 AM 8:52

DOCUMENT # **S57323** (5)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

MHS PARTNERSHIP HOLDINGS JSC, INC.

Principal Place of Business

Mailing Address

3627 UNIVERSITY BOULEVARD SOUTH
SUITE 840
JACKSONVILLE FL 32218

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SUITE 840
JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/03/1991

3a. Date of Last Report
04/28/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
Suite 810

26 **P.O. Box 570**

4. FEI Number
59-3075397

Applied For
 Not Applicable

22 City & State

27 City & State
Nashville, TN

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country
37203

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

**WARD, DOUGLAS A
1300 GULF LIFE DRIVE
ROGERS, TOWERS, BAILEY, JONES & GAY
JACKSONVILLE FL 32207**

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, 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC
NAME	BROWN, J. BROOKS
STREET ADDRESS	3627 UNIVERSITY BLVD SO
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DP
NAME	CARROLL, DAVID W.
STREET ADDRESS	3627 UNIVERSITY BLVD SO
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DST
NAME	BAER, DOUGLAS M.
STREET ADDRESS	3627 UNIVERSITY BLVD SO
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Moen, Dan	
13 STREET ADDRESS	7975 NW 154th St	
14 CITY - ST - ZIP	Miami Lakes, FL 33016	
21 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Evans, Charles R.	
23 STREET ADDRESS	3627 University BLVD.	
24 CITY - ST - ZIP	Jacksonville, FL 32216	
31 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Karsner, Garry L.	
33 STREET ADDRESS	3627 University BLVD. S.	
34 CITY - ST - ZIP	Jacksonville, FL 32216	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

**SEE SCHEDULE
A-1**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

VICE-PRESIDENT

5/9/95 (405) 327-9651

SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR