## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 23, 2001 8:00 am Secretary of State **DOCUMENT # \$57323** 1. Entity Name MHS PARTNERSHIP HOLDINGS JSC, INC. 03-23-2001 90040 003 \*\*\*150.00 Principal Place of Business Mailing Address ONE PARK PLAZA P.O BOX 750 NASHVILLE TN 37203 NASHVILLE TN 37202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3075397 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BLACKWOOD, DORA A NAME STREET ADDRESS STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN ☐ Addition TITLE AS Detete TITLE Change NAME DENSON, DAVID L NAME STREET ADDRESS STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37203 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME MOORE, A. BRUCE STREET ADDRESS STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP CITY-ST-7IP NASHVILLE TN 37203 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DVP NAME NAME JOHNSON, R. M STREET ADDRESS STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN TITLE ☐ Delete TITLE ☐ Change ☐ Addition DVPS NAME NAME FRANCK, JOHN M STREET ADDRESS STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIE CITY-ST-ZIP NASHVILLE TN TITLE ☐ Delete **VP** TITLE Change Addition NAME GRUBBS, RONALD LEE NAME STREET ADDRESS STREET ADDRESS ONE PARK PLAZA

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 attacher ent with an address, with all other like empowered. David Denson

CITY-ST-ZIP

SIGNATURE:

NASHVILLE TN 37203

CITY-ST-ZIP

Assistant Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-01 (L15) 344 - 2575
Date Date Daylime Phone #