2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2001 8:00 am Secretary of State **DOCUMENT # \$57326** 1. Entity Name MHS PARTNERSHIP HOLDINGS SDS, INC. 03-22-2001 90072 009 ***150.00 Principal Place of Business Mailing Address ONE PARK PLAZA P.O BOX 750 NASHVILLE TN 37202 STE 810 D0028393 NASHVILLE TN 37203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3075296 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE BLACKWOOD, DORA A NAME NAME STREET ADDRESS ONE PARK PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN ☐ Addition ☐ Change TITLE AS ☐ Delete TITLE NAME DENSON, DAVID L NAME STREET ADDRESS STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIE CITY-ST-ZIP NASHVILLE TN 37203 D VP Change ☐ Addition ☐ Detete TITLE TITLE NAME JOHNSON, R NAME STREET ADDRESS STREET ADDRESS ONE PARK PLAZA City-St-7IP CITY-ST-7/P NASHVILLE TN D Nb X Change ☐ Addition TITLE ☐ Delete TITLE NAME MOORE, A. BRUCE NAME¹ STREET ADDRESS STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP CITY-ST-7IP NASHVILLE TN 37203 DVPS X Change ☐ Addition TITLE ☐ Delete TITLE vs NAME NAME FRANCK, JOHN M STREET ADDRESS STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP CITY-ST-ZIF NASHVILLE TN ☐ Addition ☐ Change ☐ Delete TITLE TITLE GRUBBS, RONALD LEE NAME NAME STREET ADDRESS STREET ADDRESS ONE PARK PLAZA

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.

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