FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V69316** **(0)**

1. Corporate Name
THE WEST FLORIDA PROFESSIONALS, INC.

Principal Place of Business
201 W MAIN STREET
LOUISVILLE KY 40202
US

Mailing Address
500 WEST MAIN STREET
POB 740035 ATTN: TAX DEPT.
LOUISVILLE KY 40201-7435
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 10/07/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 ONE PARK PLAZA
Suite, Apt. # or Bldg.
22
City & State
23 NASHVILLE TN
Zip
24 37203 25

2a. Mailing Address
26 PO BOX 570
Suite, Apt. # or Bldg.
27 ATTN: TAX DEPT.
City & State
28 NASHVILLE TN
Zip
29 37202 30

4. FEI Number: 61-1227422 — 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

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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 Section 607.0505 and 607.1008, Florida Statutes, the above named corporation submits the 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 or by the appointment of registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PCEO	TITLE	D EVP ☒ Change ☐ Add/Del
NAME	SCOTT, RICHARD L.	NAME	RICHARD A. SCHWEINHART
STREET ADDRESS	201 W MAIN STREET	STREET ADDRESS	ONE PARK PLAZA
CITY, ST, ZIP	LOUISVILLE KY 40202	CITY, ST, ZIP	NASHVILLE TN 37203
TITLE	D	TITLE	P ☒ Change ☐ Add/Del
NAME	VANDEWATER, DAVID T.	NAME	
STREET ADDRESS	201 W MAIN STREET	STREET ADDRESS	ONE PARK PLAZA
CITY, ST, ZIP	LOUISVILLE KY 40202	CITY, ST, ZIP	NASHVILLE TN 37203
TITLE	VAS	TITLE	D SVP S ☒ Change ☐ Add/Del
NAME	BRAUN, STEPHEN T.	NAME	
STREET ADDRESS	201 W MAIN STREET	STREET ADDRESS	ONE PARK PLAZA
CITY, ST, ZIP	LOUISVILLE KY 40202	CITY, ST, ZIP	NASHVILLE TN 37203
TITLE	VT	TITLE	D SVP T ☒ Change ☐ Add/Del
NAME	COLBY, DAVID C.	NAME	
STREET ADDRESS	201 W MAIN STREET	STREET ADDRESS	ONE PARK PLAZA
CITY, ST, ZIP	LOUISVILLE KY 40202	CITY, ST, ZIP	NASHVILLE TN 37203
TITLE	V	TITLE	☒ Change ☐ Add/Del
NAME	GRECO, SAMUEL A.	NAME	
STREET ADDRESS	201 W MAIN STREET	STREET ADDRESS	
CITY, ST, ZIP	LOUISVILLE KY 40202	CITY, ST, ZIP	
TITLE	V	TITLE	☒ Change ☐ Add/Del
NAME	HEMPHILL, NEIL D.	NAME	
STREET ADDRESS	201 W MAIN STREET	STREET ADDRESS	
CITY, ST, ZIP	LOUISVILLE KY 40202	CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is complete, accurate and current and, for the purposes stated in Section 607.0505, Florida Statutes, I further certify that the corporation has filed its annual report of a substantial annual report for and in a calendar year and that its principal place of business and the same is open for at least one hour for the transaction of business and that its principal place of business and the same is open for at least one hour for the transaction of business and that its principal place of business and the same is open for at least one hour for the transaction of business