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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 26 1996 8:00 am
Secretary of State

DOCUMENT # V69316 (0)

1. Corporation Name

THE WEST FLORIDA PROFESSIONALS, INC.



Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203
US

Mailing Address

TAX DEPT.
P.O. BOX 570
NASHVILLE TN 37202
US

3. Date Incorporated or Qualified
10/07/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCEO
NAME SCOTT, RICHARD L.
STREET ADDRESS 201 W MAIN STREET
CITY-ST-ZIP LOUISVILLE KY 40202 ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME VANDEWATER, DAVID T.
STREET ADDRESS 201 W MAIN STREET
CITY-ST-ZIP LOUISVILLE KY 40202 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS ONE PARK PLAZA
2.4 CITY-ST-ZIP NASHVILLE, TN 37203 ☒ Change ☐ Addition

TITLE VAS
NAME BRAUN, STEPHEN T.
STREET ADDRESS 201 W MAIN STREET
CITY-ST-ZIP LOUISVILLE KY 40202 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS ONE PARK PLAZA
3.4 CITY-ST-ZIP NASHVILLE, TN 37203 ☒ Change ☐ Addition

TITLE VT
NAME COLBY, DAVID C.
STREET ADDRESS 201 W MAIN STREET
CITY-ST-ZIP LOUISVILLE KY 40202 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS ONE PARK PLAZA
4.4 CITY-ST-ZIP NASHVILLE, TN 37203 ☐ Change ☐ Addition

TITLE V
NAME GRECO, SAMUEL A.
STREET ADDRESS 201 W MAIN STREET
CITY-ST-ZIP LOUISVILLE KY 40202 ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS R. MILTON JOHNSON
5.4 CITY-ST-ZIP ONE PARK PLAZA
NASHVILLE, TN 37203 ☐ Change ☒ Addition

TITLE V
NAME HEMPHILL, NEIL D.
STREET ADDRESS 201 W MAIN STREET
CITY-ST-ZIP LOUISVILLE KY 40202 ☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS JOHN M. FRANK
6.4 CITY-ST-ZIP ONE PARK PLAZA
NASHVILLE, TN 37203 ☐ Change ☒ Addition

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 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. MILTON JOHNSON

Date

Display Phone #

(615) 327-9551

CR2E034 (12/95)