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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V69316

(0)

THE WEST FLORIDA PROFESSIONALS, INC.

FILED May 08 1997 8:00am Secretary of State



nncinal Plac	e of Business	Mailing Address					
ONE PARK PLAZA		-TAX-DEPT.					
NASHVILLE TN 37203		P.O. BOX 570					
8		-NASHVILLE TN 37202-0570			T &		
		US			ncorporated or Qualified 7/1992	3a. Date of La 04/26/199	
Principal F	Place of Business	28. Mailing Address	750	4. FÉI N			Applied For
C. it. A. I	4		190	61-	1227422		Not Applica
Suite, Apt	<b>#</b> , etc	Suite, Apt. #, etc.		5. Certifi	cate of Status Desired		75 Additiona e Required
City & Stat	Ni	28 Nastwille	M	3	on Campaign Financing Fund Contribution		00 May Be
Ζιρ	Country	712-	Contract V	<del></del>	orporation has liability for		*************
	25	29 37202	₃ WSA	l l		Yes No	w. <b>v</b> . 1001001
	9. Name and Address of Curre			10. Name	and Address of New Re	gistered Agent	
THE	E PRENTICE-HALL CORPORATION	ON SYSTEM, INC.	81 Nai	me			
	1 HAYS STREET	,	<b>82</b> Stre	eet Address (P.O. Bo	x Number is Not Acceptat	na)	<del></del>
	ITE 105		02 300	pet numbes (F.O. DO	A HIGHIDGE IS HOL NOCEPIUL	DIG)	
	LAHASSEE FL 32301		63				
			041 0	<u></u>		11	7:- 0:-1-
			84 City	у		FI  85	Zip Code
Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Stat am famil ar with, and accept the obli	02 and 607 1508. Florida Statute	s, the above-nan	ned corporation subm	nits this statement for the r	purpose of changi	na its registe
4.534							
	Signature, typed or pointed name of registered a	gent and title if applicable (NOTE	Registered Agent sign	ature required when reinstatin		DATE	TODE IN 12
NATURE	Signature, typed or pointed name of registered a	gen: and blo if applicable (NOTE ND DIRECTORS	Registered Agent sign	ature required when reinstatin	<sub>0</sub> ) ONS/CHANGES TO OFFIC	CERS AND DIREC	
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1. Too necesty certaly that the information supposed with this failing does not qualify for the exemption stated in Section 119.07(3)(1), Fibrida Statutes. Fluther 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 eath; that I am an officer or director of the corporation or the receiver of 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:

Prunjani

ALL CALLED ON DIPERSON

Daytime Phone #