

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P27781 (4)**  
 1. Corporation Name  
**222 Partners, Inc.**

Principal Place of Business <b>4400 Harding Road, Suite 500</b> <b>Nashville, TN 37205</b>	Mailing Address <b>same</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country	29 Country
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3. Date Incorporated or Qualified <b>1/19/90</b>	3a. Date of Last Report
4. FEI Number <b>62-1291421</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CT Corporation. System**  
~~JAF Station~~  
~~P.O. Box 1421~~  
~~New York, NY 10116-1421~~

**10. Name and Address of New Registered Agent**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**  
 83  
 84 City  
**Plantation** **FL** 85 Zip Code  
**33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	Ezell, Steven D.	
STREET ADDRESS	4400 Harding Rd. Suite 500	
CITY-ST-ZIP	Nashville, TN 37205	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	Hartley, Michael A	
STREET ADDRESS	4400 Harding Rd. Suite 500	
CITY-ST-ZIP	Nashville, TN 37205	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Lehning, Robert E.	
STREET ADDRESS	4400 Harding Rd. Suite 500	
CITY-ST-ZIP	Nashville, TN 37205	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Ezell, W. Gerald	
STREET ADDRESS	4400 Harding Rd. Suite 500	
CITY-ST-ZIP	Nashville, TN 37205	
TITLE	S/T	<input type="checkbox"/> DELETE
NAME	Hartley, Michael A	
STREET ADDRESS	4400 Harding Rd. Suite 500	
CITY-ST-ZIP	Nashville, TN 37205	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**500002165635**  
**-05/05/97--01039--093**  
**\*\*\*200.00**

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 in 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: *Steven D. Ezell* 4-29-97 1:15 293 10412