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4-7-95 A-3105-C

APPROVED AND FILED

95 APR -7 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F93000005322 (3)

1. Corporation Name
THE TIDEWATER HEALTHCARE SHARED SERVICES GROUP, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**148 WEST STATE STREET
SUITE 100
KENNETT SQUARE PA 19348**
**515 FAIRMOUNT AVE.
STE. 800
TOWSON MD 21286
US**

3. Date Incorporated or Qualified **11/22/1993** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **148 WEST STATE STREET**
22 City & State **SUITE 100**
23 Zip **KENNETT SQUARE PA**
24 Country **USA**

4. FFI Number **APPLIED FOR 23-2739587**
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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1608, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WALKER, MICHAEL R
STREET ADDRESS	148 WEST SQUARE, SUITE 100
CITY - ST - ZIP	KENNETT SQUARE PA
TITLE	D
NAME	HOWARD, RICHARD R
STREET ADDRESS	148 WEST STATE STREET, SUITE 100
CITY - ST - ZIP	KENNETT SQUARE PA 19348
TITLE	V
NAME	HAGER, GEORGE V JR
STREET ADDRESS	148 WEST STATE STREET, SUITE 100
CITY - ST - ZIP	KENNETT SQUARE PA
TITLE	VS
NAME	HOCH, LEWIS J COUNSEL
STREET ADDRESS	148 WEST STATE STREET, SUITE 100
CITY - ST - ZIP	KENNETT SQUARE PA
TITLE	S
NAME	GUBERNICK, IRA C
STREET ADDRESS	148 WEST STATE STREET, SUITE 100
CITY - ST - ZIP	KENNETT SQUARE PA 19348
TITLE	P
NAME	SIMPKINS, NORMAN
STREET ADDRESS	515 FAIRMOUNT AVE., STE. 800
CITY - ST - ZIP	TOWSON MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 (7)(C)(b), 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 on Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

George V. Hager Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE V. HAGER JR. 3/27/95 (610) 444-9350
Title Date Telephone Number