

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005205 (9)

1. Corporation Name

SUNHEALTH ALLIANCE, INC.

Principal Place of Business

P.O. BOX 668000
CHARLOTTE NC 28266-8000

Mailing Address

P.O. BOX 668000
CHARLOTTE NC 28266-8000

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/06/1994

3a. Date of Last Report

2. Principal Place of Business

21 4501 CHARLOTTE PARK DRIVE

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 CHARLOTTE, NC

27 City & State

28

24 Zip

25 28217

Country

29 Zip

30

Country

4. FEI Number

56-1499179

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

6. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes Yes No

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 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 fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------|
| TITLE | D |
| NAME | JOHNSON, L B |
| STREET ADDRESS | 3001 S. HANOVER ST. |
| CITY - ST - ZIP | BALTIMORE MD 21230 |
| TITLE | P |
| NAME | LATIMER, BEN W |
| STREET ADDRESS | 4501 CHARLOTTE PARK DR. |
| CITY - ST - ZIP | CHARLOTTE NC 28217 |
| TITLE | S |
| NAME | HENRY, JOHN D |
| STREET ADDRESS | 550 PEACHTREE ST., NE |
| CITY - ST - ZIP | ATLANTA GA 30365 |
| TITLE | T |
| NAME | VAUGHN, EDGAR D |
| STREET ADDRESS | 4007 KRESGE WAY |
| CITY - ST - ZIP | LOUISVILLE KY 40207 |
| TITLE | V |
| NAME | WRIGHT, GARY D |
| STREET ADDRESS | 4501 CHARLOTTE PARK DR. |
| CITY - ST - ZIP | CHARLOTTE NC 28217 |
| TITLE | V |
| NAME | ELLISON, PAUL S |
| STREET ADDRESS | 4501 CHARLOTTE PARK DR. |
| CITY - ST - ZIP | CHARLOTTE NC 28217 |

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 checked="" type="checkbox"/> Addition |
| 62 NAME | C |
| 63 STREET ADDRESS | ROBERTSON, THOMAS L |
| 64 CITY - ST - ZIP | 1212 3RD STREET, SW ROANOKE, VA 24016 |

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 110.07(3)(k), Florida Statutes. I further certify that the information furnished 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 in an attachment) with an address.

SIGNATURE:

GARY R. WRIGHT, EXEC VP

CHIEF FINANCIAL OFCR

704/529-3300

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Signature 1995-8