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**Jan 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # G52664 (1)

1. Corporation Name
FLORIDA HEALTH FACILITIES, INC.



Principal Place of Business: **21808 STATE RD 54 LUTZ FL 33549 US**

Mailing Address: **577 MULBERRY STREET POST OFFICE BOX 209 MACON GA 31202-0209**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1983	3a. Date of Last Report 02/02/1996
21	22	26	27	4. FEI Number 58-1860493	Applied For <input type="checkbox"/> Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		FL

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COBERN, JOSEPH M.			1.2 NAME			
STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400			1.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCRAE, GLENN A			2.2 NAME	Joseph C. Little		
STREET ADDRESS	577 MULBERRY ST			2.3 STREET ADDRESS	3414 Peachtree Rd NE, Suite 1400		
CITY-ST-ZIP	MACON GA			2.4 CITY-ST-ZIP	Atlanta		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCCAULEY, JOHN C			3.2 NAME	Kim Everett		
STREET ADDRESS	577 MULBERRY STREET			3.3 STREET ADDRESS	3414 Peachtree Rd NE Suite 1400		
CITY-ST-ZIP	MACON GA			3.4 CITY-ST-ZIP	Atlanta, GA 30326		
TITLE	P	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	O'SHAUGHNESSY, JON C.			4.2 NAME	Jim Johnson		
STREET ADDRESS	3414 PEACHTREE RD, NE SUITE 1400			4.3 STREET ADDRESS	3414 Peachtree Rd NE Suite 1400		
CITY-ST-ZIP	ATLANTA GA			4.4 CITY-ST-ZIP	Atlanta, GA 30326		
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FILUSH, JAMES M			5.2 NAME			
STREET ADDRESS	577 MULBERRY STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	MACON GA			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANFORD, CHARLOTTE A			6.2 NAME	SANFORD, CHARLOTTE A		
STREET ADDRESS	3414 PEACHTREE RD, NE SUITE 1400			6.3 STREET ADDRESS	3414 Peachtree Rd NE Suite 1400		
CITY-ST-ZIP	ATLANTA GA			6.4 CITY-ST-ZIP	Atlanta, GA 30326		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Date: **1-9-97** Daytime Phone #: **912-742-1161**

James M. Filush Secretary

CR2E034 (9/96)