

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 31298-2399
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/04/1983
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 58-1860493
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE COBERN, JOSEPH M.	1.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3414 PEACHTREE RD NE, SUITE 1400	1.2 NAME J. Kevin Helmintoller	
STREET ADDRESS	ATLANTA GA	1.3 STREET ADDRESS 3414 Peachtree Rd NE Suite 1400	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Atlanta GA 30326	
TITLE D	<input checked="" type="checkbox"/> DELETE LITTLE, JOSEPH C	2.1 TITLE Director, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3414 PEACHTREE RD NE STE 1400	2.2 NAME Joel C. Ross	
STREET ADDRESS	ATLANTA GA	2.3 STREET ADDRESS 3414 Peachtree Rd NE Suite 1400	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Atlanta GA 30326	
TITLE V	<input type="checkbox"/> DELETE EVERETT, KIM	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3414 PEACHTREE RD NE STE 1400	3.2 NAME	
STREET ADDRESS	ATLANTA GA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> DELETE JOHNSON, JIM	4.1 TITLE VP + Asst. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3414 PEACHTREE RD, NE SUITE 1400	4.2 NAME Margie M. Smith	
STREET ADDRESS	ATLANTA GA	4.3 STREET ADDRESS 577 Mulberry St.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP macon GA 31298	
TITLE S	<input checked="" type="checkbox"/> DELETE FILUSH, JAMES M	5.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	577 MULBERRY STREET	5.2 NAME Lawrence W. Drinkard	
STREET ADDRESS	MACON GA	5.3 STREET ADDRESS 577 Mulberry St.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP macon GA 31298	
TITLE TD	<input type="checkbox"/> DELETE SANFORD, CHARLOTTE A	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3414 PEACHTREE RD, NE SUITE 1400	6.2 NAME	
STREET ADDRESS	ATLANTA GA	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Margie M. Smith* **MARIE M. SMITH 1-8-98 (912) 742-1111**

CR2E034 (10/97)