

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

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**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90026 004 \*\*\*150.00



**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # G52664**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1983

4. FEI Number

58-1860493

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 **6950 Columbia Gateway Dr**

2a. Mailing Address

26 **577 Mulberry St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

**Columbia, MD**

28 City & State

**Macon, GA**

24 Zip Country

**21046**

29 Zip Country

**31202**

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

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	J. KEVIN HELMINTOLLER	
STREET ADDRESS	3414 PEACHTREE RD NE, SUITE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	JOEL C. ROSS	
STREET ADDRESS	3414 PEACHTREE RD NE STE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EVERETT, KIM	
STREET ADDRESS	3414 PEACHTREE RD NE STE 1400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	MARGIE M. SMITH	
STREET ADDRESS	577 MULBERRY ST.	
CITY-ST-ZIP	MACON GA 31298	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE W. DRINKARD	
STREET ADDRESS	577 MULBERRY ST.	
CITY-ST-ZIP	MACON GA 31298	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SANFORD, CHARLOTTE A	
STREET ADDRESS	3414 PEACHTREE RD, NE SUITE 1400	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 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 checked="" type="checkbox"/> Addition
2.2 NAME	D. Keith Brown
2.3 STREET ADDRESS	3414 Peachtree Rd NE Ste 1400
2.4 CITY-ST-ZIP	Atlanta, GA 30326
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michelle H. Ancosky
3.3 STREET ADDRESS	3414 Peachtree Rd NE Ste 1400
3.4 CITY-ST-ZIP	Atlanta, GA 30326
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	31202
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP Linton C. Newlin
5.3 STREET ADDRESS	577 Mulberry St
5.4 CITY-ST-ZIP	Macon, GA 31202
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Margie M. Smith* MARGIE M. SMITH

2-11-99  
 Date

912-742-1161  
 Daytime Phone #

CR2E034 (11/98)