

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

FILED

May 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **846793** (8)

1. Corporation Name  
**GENERAL HEALTH SERVICES, INC.**

Principal Place of Business

**ONE PARK PLAZA  
P.O. BOX 570  
NASHVILLE TN 37203  
US**

Mailing Address

**ONE PARK PLAZA  
P.O. BOX 570  
NASHVILLE TN 37203-0570  
US**



3. Date Incorporated or Qualified **08/25/1980** 3a. Date of Last Report **05/01/1996**

4. FEI Number **62-1094204** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>PO Box 750</b>
22 City & State	27 <b>Nashville TN</b>
23 Zip	28 <b>37202</b>
24 Country	30 <b>USA</b>

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	<b>P</b>	1.1 TITLE	<b>P</b>
NAME	<b>CONNERY, W. HUDSON, JR</b>	1.2 NAME	<b>Vandewater, David</b>
STREET ADDRESS	<b>4525 HARDING ROAD</b>	1.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>	1.4 CITY-ST-ZIP	<b>Nashville TN 37203</b>
TITLE	<b>VPAT</b>	2.1 TITLE	<b>DSVAT</b>
NAME	<b>KOBAN, MICHAEL A., JR</b>	2.2 NAME	<b>Brown, Stephen</b>
STREET ADDRESS	<b>4525 HARDING ROAD</b>	2.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>	2.4 CITY-ST-ZIP	<b>Nashville TN 37203</b>
TITLE	<b>VP</b>	3.1 TITLE	<b>DV</b>
NAME	<b>FLEETWOOD, JAMES M JR.</b>	3.2 NAME	<b>Eaton, Rosalyn</b>
STREET ADDRESS	<b>4525 HARDING ROAD</b>	3.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>	3.4 CITY-ST-ZIP	<b>Nashville TN 37203</b>
TITLE	<b>VP</b>	4.1 TITLE	<b>DSVAT</b>
NAME	<b>DONAHEY, KENNETH C.</b>	4.2 NAME	
STREET ADDRESS	<b>4525 HARDING ROAD</b>	4.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>	4.4 CITY-ST-ZIP	<b>Nashville TN 37203</b>
TITLE	<b>S</b>	5.1 TITLE	
NAME	<b>WHEELER, PHILIP D</b>	5.2 NAME	<b>Frank II, John M.</b>
STREET ADDRESS	<b>4525 HARDING ROAD</b>	5.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>	5.4 CITY-ST-ZIP	<b>Nashville TN 37203</b>
TITLE	<b>VP</b>	6.1 TITLE	
NAME	<b>FRANCIS, RICHARD E JR.</b>	6.2 NAME	
STREET ADDRESS	<b>4525 HARDING ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	6.4 CITY-ST-ZIP	

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: **4/8/97** DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)