SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 16, 1994.
AMOUNT DUE ON OR BEFORE 8/16/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 JUL -6 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 853455 (4)

1. Corporation Name
QUALITY HEALTH FACILITIES, INC.

Mailing Address	Principal Place of Business
5100 POPLAR	5100 POPLAR
SUITE 2220	SUITE 2220
MEMPHIS TN 38137	MEMPHIS TN 38137

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1982	3a. Date of Last Report: 03/30/1993
4. FEI Number: 64-0633350	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Mailing Address	2a. Principal Place of Business
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) Date

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P	11 TITLE	
12 NAME	FAUST, JOHN M.	12 NAME	
13 STREET ADDRESS	125 S 28TH AVE	13 STREET ADDRESS	
14 CITY - ST - ZIP	HATTIESBURG MS	14 CITY ST ZIP	
21 TITLE	V/P/S	21 TITLE	
22 NAME	BAKER, MARTIN H.	22 NAME	
23 STREET ADDRESS	202 HILLENDALE DR.	23 STREET ADDRESS	
24 CITY - ST - ZIP	HATTIESBURG MS	24 CITY ST ZIP	
31 TITLE	S	31 TITLE	
32 NAME	LOW, JOHN T.C.	32 NAME	
33 STREET ADDRESS	133 OLYMPIA FIELDS	33 STREET ADDRESS	
34 CITY ST ZIP	JACKSON MS	34 CITY ST ZIP	
41 TITLE	T	41 TITLE	
42 NAME	BUCHANAN, ROBERT M.	42 NAME	
43 STREET ADDRESS	129 NA STATE ST.	43 STREET ADDRESS	
44 CITY - ST - ZIP	JACKSON MS	44 CITY ST ZIP	
51 TITLE	D	51 TITLE	
52 NAME	BAKER, MARTIN H.	52 NAME	
53 STREET ADDRESS	202 HILLENDALE DR	53 STREET ADDRESS	
54 CITY ST ZIP	HATTIESBURG MS	54 CITY ST ZIP	
61 TITLE	D	61 TITLE	
62 NAME	BAKER, SUZANNE	62 NAME	
63 STREET ADDRESS	202 HILLENDALE DR	63 STREET ADDRESS	
64 CITY - ST ZIP	HATTIESBURG MS	64 CITY ST ZIP	

DPT

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 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X John M. Faust
SIGNATURE AND TYPED OR PRINTED NAME OF WIGNING OFFICER OR DIRECTOR Date Daytime Phone #