FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 853455 (4)

1. Corporation Name
QUALITY HEALTH FACILITIES, INC.

Principal Place of Business
5100 POPLAR
SUITE 2220
MEMPHIS TN 38137

Mailing Address
5100 POPLAR
SUITE 2220
MEMPHIS TN 38137

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21
Suite, Apt. #, etc.
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 07/14/1982
3a. Date of Last Report: 06/09/1994
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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	P + D
NAME	FAUST, JOHN M
STREET ADDRESS	125 S 28TH AVE
CITY-ST-ZIP	HATTIESBURG MS
TITLE	VPS + D
NAME	BAKER, MARTIN H
STREET ADDRESS	202 HILLENDALE DR.
CITY-ST-ZIP	HATTIESBURG MS
TITLE	S d
NAME	LOW, JOHN T. C.
STREET ADDRESS	133 OLYMPIA FIELDS
CITY-ST-ZIP	JACKSON MS 39211
TITLE	T
NAME	BUCHANAN, ROBERT M, Jr.
STREET ADDRESS	129 NA STATE ST.
CITY-ST-ZIP	JACKSON MS
TITLE	D
NAME	BAKER, MARTIN H
STREET ADDRESS	202 HILLENDALE DR
CITY-ST-ZIP	HATTIESBURG MS
TITLE	D
NAME	BAKER, SUZANNE a
STREET ADDRESS	202 HILLENDALE DR
CITY-ST-ZIP	HATTIESBURG MS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP/S/D	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP/AS/D	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP/D	☒ Change ☐ Addition
4.2 NAME	Georgia Buchanan	
4.3 STREET ADDRESS	114 Cherry Hill	
4.4 CITY-ST-ZIP	Jackson, MS 39211	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	Della Faust	
5.3 STREET ADDRESS	125 5th 28 Ave	
5.4 CITY-ST-ZIP	Hattiesburg, MS 39401	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	Virginia Low	
6.3 STREET ADDRESS	133 Olympia Fields	
6.4 CITY-ST-ZIP	Jackson, MS 39205	

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)(k), 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: John T C Low
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John T. C. Low

April 22, 1995 — 601-956-1584
Date — Daytime Phone #

047600 FF