

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90077 013 ***150.00

DOCUMENT # 853455

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

3. Date Incorporated or Qualified

07/14/1982

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

Suite 2216

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite 2216

City & State

28

Zip

Country

29

30

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 PD
NAME FAUST, JOHN M
STREET ADDRESS 125 S 28TH AVE
CITY-ST-ZIP HATTIESBURG MS ☐ DELETE

TITLE VSD
NAME BAKER, MARTIN H
STREET ADDRESS 202 HILLENDALE DR.
CITY-ST-ZIP HATTIESBURG MS ☐ DELETE

TITLE VSD
NAME LOW, JOHN T
STREET ADDRESS 133 OLYMPIA FIELDS
CITY-ST-ZIP JACKSON MS ☐ DELETE

TITLE VD
NAME BUCHANAN, GEORGIA
STREET ADDRESS 114 CHERRY HILL
CITY-ST-ZIP JACKSON MS ☐ DELETE

TITLE D
NAME FAUST, DELLA
STREET ADDRESS 133 OLYMPIA FIELDS
CITY-ST-ZIP HATTIESBURG MS ☐ DELETE

TITLE D
NAME BAKER, SUZANNE
STREET ADDRESS 202 HILLENDALE DR
CITY-ST-ZIP HATTIESBURG MS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0557826