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 MAY -1 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 854973 (5)

1. Corporation Name
REPUBLIC HEALTH MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
3401 W. END AVE. SUITE 700 NASHVILLE TN 37203-1634	3401 W. END AVE. SUITE 700 NASHVILLE TN 37203-1634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 75-1867727 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPCE	11 TITLE	P/CEO/COO/D ☒ Change ☐ Addition
NAME	MARTIN, CHARLES N JR.	12 NAME	Donald J. Amaral
STREET ADDRESS	3401 WEST END AVENUE, STE. 700	13 STREET ADDRESS	3401 West End Ave. Ste. 700
CITY ST ZIP	NASHVILLE TN	14 CITY ST ZIP	Nashville, TN 37203
TITLE	EVPC	21 TITLE	EVP/CFO/D ☒ Change ☐ Addition
NAME	PITTS, KEITH B	22 NAME	
STREET ADDRESS	3401 WEST END AVENUE, STE. 700	23 STREET ADDRESS	
CITY ST ZIP	NASHVILLE TN	24 CITY ST ZIP	
TITLE	SVPO	31 TITLE	SV ☒ Change ☐ Addition
NAME	DENSON, RAYMOND	32 NAME	
STREET ADDRESS	3401 WEST END AVENUE, STE. 700	33 STREET ADDRESS	
CITY ST ZIP	NASHVILLE TN	34 CITY ST ZIP	
TITLE	VPOC	41 TITLE	S ☒ Change ☐ Addition
NAME	MORGAN, GEORGE D	42 NAME	Ronald P. Soltman
STREET ADDRESS	3401 WEST END AVENUE STE. 700	43 STREET ADDRESS	3401 West End Ave. Ste. 700
CITY ST ZIP	NASHVILLE TN	44 CITY ST ZIP	Nashville, TN 37203
TITLE	VPGC	51 TITLE	T ☒ Change ☐ Addition
NAME	JOHNSON, JAMES	52 NAME	Russell F. Tonnies
STREET ADDRESS	3401 WEST END AVENUE, STE. 700	53 STREET ADDRESS	3401 West End Ave. Ste. 700
CITY ST ZIP	NASHVILLE TN	54 CITY ST ZIP	Nashville, TN 37203
TITLE	VPCA	61 TITLE	AS ☒ Change ☐ Addition
NAME	JOHNSTON, JAMES	62 NAME	Karen H. Abbott
STREET ADDRESS	3401 WEST END AVENUE, STE. 700	63 STREET ADDRESS	3401 West End Ave. Ste. 700
CITY ST ZIP	NASHVILLE TN	64 CITY ST ZIP	Nashville, TN 37203

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: Karen H. Abbott Karen H. Abbott 4/20/95 615-383-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0384437 CP