


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000005494		
1. Entity Name ACCORDANT HEALTH SERVICES, INC.		

Principal Place of Business 4900 KOGER BLVD., SUITE 300 GREENSBORO, NC 27407	Mailing Address 211 COMMERCE STREET, SUITE 800 NASHVILLE, TN 37201
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DO NOT WRITE IN THIS SPACE

FILED
06 JUN 23 PM 1:14
900076522679
TALLAHASSEE, FLORIDA



06132006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1913577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLURE, HOWARD A 211 COMMERCE STREET, STE. 800 NASHVILLE, TN 37201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KARRO, BRADLEY S 211 COMMERCE STREET, STE. 800 NASHVILLE, TN 37201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FINLEY, SARA J 211 COMMERCE STREET, STE. 800 NASHVILLE, TN 37201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLEMENS, PETER J IV 211 COMMERCE STREET, STE. 800 NASHVILLE, TN 37201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Denise Sommer Asst. Corp Secretary Date 6/13/06 Daytime Phone # 615 743-6620



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 196990 7416132
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 550.00

ORDER DATE : June 21, 2006
ORDER TIME : 7:16 PM
ORDER NO. : 196990-070
CUSTOMER NO: 7416132

ANNUAL REPORT FILING

NAME: ACCORDANT HEALTH SERVICES, INC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#2914

EXAMINER'S INITIALS: _____

RECEIVED
06 JUN 23 AM 9:00
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA