FILE NOW: FILING FEE AFTER MAY 1 IS $XXX.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 21 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # F93000001972 (9)

1. Corporation Name
CRAWFORD & COMPANY HEALTHCARE MANAGEMENT, INC.

Principal Place of Business
5620 GLENRIDGE DRIVE, NE
ATLANTA GA 30342

Mailing Address
P.O. BOX 5047
ATTN. TAX DEPT.
ATLANTA GA 30302

3. Date Incorporated or Qualified: 04/20/1993
3a. Date of Last Report: 02/14/1994

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

4. FEI Number: 36-3303525 ☐ 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

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

TITLE	CP
NAME	MINIX, F. L
STREET ADDRESS	5620 GLENRIDGE DRIVE, NE
CITY-ST-ZIP	ATLANTA GA 30342
TITLE	D
NAME	SMITH, DENNIS
STREET ADDRESS	5620 GLENRIDGE DRIVE, NE
CITY-ST-ZIP	ATLANTA GA 30342
TITLE	D
NAME	BOLLINGER, P A
STREET ADDRESS	5620 GLENRIDGE DRIVE, NE
CITY-ST-ZIP	ATLANTA GA 30342
TITLE	DV
NAME	CHAPMAN, D R
STREET ADDRESS	5620 GLENRIDGE DRIVE, NE
CITY-ST-ZIP	ATLANTA GA 30342
TITLE	S
NAME	OSTEN, JUDD F
STREET ADDRESS	5620 GLENRIDGE DRIVE
CITY-ST-ZIP	ATLANTA GA 30342
TITLE	T
NAME	STACHLER, K R
STREET ADDRESS	5620 GLENRIDGE DRIVE
CITY-ST-ZIP	ATLANTA GA 30342

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 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: K R Stachler VP Treas 4/14/95 404-847-4577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000972 CP