

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F93000001972 (9)**

1. Corporation Name

**CRAWFORD & COMPANY HEALTHCARE MANAGEMENT, INC.**



Principal Place of Business

Mailing Address

**5620 GLENRIDGE DRIVE, NE  
ATLANTA GA 30342**

**P.O. BOX 5047  
ATTN. TAX DEPT.  
ATLANTA GA 30302**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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	<input checked="" type="checkbox"/> DELETE
NAME	MINIX, F. L	
STREET ADDRESS	5620 GLENRIDGE DRIVE, NE	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, DENNIS	
STREET ADDRESS	5620 GLENRIDGE DRIVE, NE	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOLLINGER, P A	
STREET ADDRESS	5620 GLENRIDGE DRIVE, NE	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CHAPMAN, D R	
STREET ADDRESS	5620 GLENRIDGE DRIVE, NE	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OSTEN, JUDD F	
STREET ADDRESS	5620 GLENRIDGE DRIVE	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	T	<input type="checkbox"/> DELETE
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	Pres + CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DENNIS A. Smith	
1.3 STREET ADDRESS	5620 Glenridge Dr NE	
1.4 CITY-ST-ZIP	Atlanta, Ga. 30302	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP Treas

4-24-96

(404) 847-4577

Date

Daytime Phone #

CR2E034 (12/95)