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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
5620 GLENRIDGE DRIVE, NE
ATLANTA GA 30342

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



2. Principal Place of Business (Local) 21 1010 Executive Ctr Dr. Suite, Apt. #, etc. 22 100 City & State 23 Orlando Florida Zip 24 32803		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 04/26/1993		3a. Date of Last Report 04/30/1996	
				4. FEI Number 36-3303565		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DENNIS A	1.2 NAME	
STREET ADDRESS	5620 GLENRIDGE DR NE	1.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	1.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DENNIS	2.2 NAME	
STREET ADDRESS	5620 GLENRIDGE DRIVE, NE	2.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA 30342	2.4 CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLLINGER, P A	3.2 NAME	Comptroller
STREET ADDRESS	5620 GLENRIDGE DRIVE, NE	3.3 STREET ADDRESS	Giblin, John F
CITY- ST- ZIP	ATLANTA GA 30342	3.4 CITY- ST- ZIP	5620 Glenridge Drive NE
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, D R	4.2 NAME	
STREET ADDRESS	5620 GLENRIDGE DRIVE, NE	4.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA 30342	4.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTEN, JUDD F	5.2 NAME	
STREET ADDRESS	5620 GLENRIDGE DRIVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA 30342	5.4 CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACHLER, K R	6.2 NAME	
STREET ADDRESS	5620 GLENRIDGE DRIVE	6.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA 30342	6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: *Margaret M. Bayless* Director, Taxes 404-847-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)