

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

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000002335 (8)**

1. Corporation Name
VENDELL HEALTHCARE, INC.



Principal Place of Business: **3401 W. END AVE., SUITE 500 NASHVILLE TN 37203**
Mailing Address: **3401 W. END AVE., SUITE 500 NASHVILLE TN 37203**

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)

3. Date Incorporated or Qualified: **05/19/1993**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **62-1405890**
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
**CORPORATION SERVICES CO
1201 HAYS ST
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRYANT, TOMMY W	
STREET ADDRESS	3401 W. END AVE., SUITE 500	
CITY - ST - ZIP	NASHVILLE TN 37203	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BAIRSTOW, JEFFREY J	
STREET ADDRESS	3401 W. END AVE., SUITE 500	
CITY - ST - ZIP	NASHVILLE TN 37203	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	LASSITER, DAVID L	
STREET ADDRESS	3401 W. END AVE., SUITE 500	
CITY - ST - ZIP	NASHVILLE TN 37203	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CARLSON, CHERYL W.	
STREET ADDRESS	3401 W. END AVE., SUITE 500	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SOUTHERN, JOHN M	
STREET ADDRESS	3401 W. END AVE., SUITE 500	
CITY - ST - ZIP	NASHVILLE TN 37203	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

SEE ATTACHED

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: John Edmunds John Edmunds, Secretary 615-383-0376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year

CR2E034 (12/95)

Vendell Healthcare, Inc.
FEI # 62-1405890

Document # F93000002335 (8)

**VENDELL HEALTHCARE, INC.
BOARD OF DIRECTORS**

Tommy W. Bryant
3322 West End Avenue, Suite 500
Nashville, TN 37203

John H. Underwood
500 West Monroe Street
Chicago, IL 60661

H. Neil Campbell
3401 West End Avenue, Suite 500
Nashville, TN 37203

David L. Goldsmith
555 California Street, Suite 2600
San Francisco, CA 94104

OFFICERS

H. Neil Campbell, President / Chief Executive Officer
3401 West End Avenue, Suite 500
Nashville, TN 37203

Bill R. Vickers, Sr. Vice President / Chief Operating Officer
3401 West End Avenue, Suite 500
Nashville, TN 37203

John C. Edmunds, Secretary
3401 West End Avenue, Suite 500
Nashville, TN 37203