

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

1995



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SECRETARY OF STATE
CORPORATIONS

95 MAY - 1 PH 1: 34

DOCUMENT # **F93000002693 (0)**

LIBERTY HEALTHCARE MANAGEMENT CORPORATION

3340 PEACHTREE RD. N.E.
TOWER PLACE SUITE 2825
ATLANTA GA 30326
US

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TOWER PLACE SUITE 2825
ATLANTA GA 30326
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (2 digit)		3a. Date of Last Report	
06/10/1993		04/29/1994	
2. Principal Office	2a. Mailing Address	4. F.I. Number	Applied For / Not Applicable
21	26	58-1894334	
22. State Agent #	27. State Agent #	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
23. State Agent	28. State Agent	6. Election Campaign Financing / Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
24. State Agent	29. State Agent	8. This corporation has liability for admissible tax under S. 118 of the Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		B1. Name		
		B2. Street Address (P.O. Box Number is Not Acceptable)		
		B3. City		
		B4. City	FL	B5. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to a 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 Sections 607.01(2) Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PCD WAGNER, GEORGE P. J 3340 PEACHTREE RD., N.E., SUITE 2825 ATLANTA GA	NAME	D Chapman, Gail P.O. Box 38 Yadkinville, NC 27055 N/A
NAME	VST PARRISH, ALAN D 3340 PEACHTREE RD., N.E., SUITE 2825 ATLANTA GA	NAME	D Gragg, Paul Cabbell P.O. Box 1040 Boone, NC 28607 N/A
NAME	VD MATTHEWS, DAVID H. 3450 ASHEVILLE HIGHWAY HENDERSONVILL NC	NAME	D Miller, John 1205 Highlands, Bermuda Run, Box 853 Advance, NC 27066
NAME	V Oswald, Sharon H. 3340 Peachtree Rd, NE, Suite 2825 Atlanta, GA 30326	NAME	D Miller, Glenn 1009 Fairhope Court Winston-Salem, NC 27104
NAME	V Bateman, N. Chryll 3340 Peachtree Rd, NE, Suite 2825 Atlanta, GA 30326	NAME	D Miller, Gene P.O. Box 468 Hobson, NC 27017 N/A
NAME	D Thompson, Donald 8318-255 Pineville-Matthewa Rd. Charlotte, NC 28226-	NAME	D Carter, R. Edward P.O. Box 1719 Yadkinville, NC 27055 N/A

14. I certify, under penalty of perjury, that the information appearing on this form is accurately furnished and true and correct, for the purposes stated in Section 607.01(2) Florida Statutes, and that the information indicated on this form is required for supplemental annual reports to be filed and is correct and that my signature on this form is a true and correct statement of the facts and is not a false statement. This certificate is required to be filed with the Department of State.

SIGNATURE: *Alan Parrish* DATE: *4/19/95*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMITTED BY _____