

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

10

95 APR 25 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003166 (6)**

1. Corporation Name

KEYSTONE HOMEHEALTH MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**3333 LEE PARKWAY, STE. 900
DALLAS TX 75219**

**3333 LEE PARKWAY, STE. 900
DALLAS TX 75219**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/09/1993** 3a. Date of Last Report **02/22/1994**

4. FEI Number **75-2372555** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SO. PINE ISLAND RD.
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 registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD**
NAME **GEORGE, KENNETH S**
STREET ADDRESS **3333 LEE PARKWAY, STE. 900**
CITY ST ZIP **DALLAS TX 75219** *See attached list.*

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

TITLE **CEO**
NAME **JACKSON, CHARLES L**
STREET ADDRESS **3333 LEE PARKWAY, STE. 900**
CITY ST ZIP **DALLAS TX 75219**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

TITLE **PD**
NAME **RAWAL, A. G**
STREET ADDRESS **3333 LEE PARKWAY, STE. 900**
CITY ST ZIP **DALLAS TX 75219**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

TITLE **V**
NAME **CHULLA, DON S**
STREET ADDRESS **3333 LEE PARKWAY, STE. 900**
CITY ST ZIP **DALLAS TX 75219**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

TITLE **VTD**
NAME **SCHLECK, THOMAS T**
STREET ADDRESS **3333 LEE PARKWAY, STE. 900**
CITY ST ZIP **DALLAS TX 75219**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

TITLE **VSD**
NAME **BALDWIN, STANLEY F**
STREET ADDRESS **3333 LEE PARKWAY, STE. 900**
CITY ST ZIP **DALLAS TX 75219**

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(1)(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: *Philip D. Wheeler* **Philip D. Wheeler** 4/14/95 615/298-6226

KEYSTONE HOMEHEALTH MANAGEMENT, INC.

OFFICERS:

CEO: W. Hudson Connery, Jr.
President: A.G. Rawald
Vice-President: Richard E. Francis, Jr.
Vice-President and
Asst. Treasurer: Michael A. Koban, Jr.
Vice-President: Kenneth C. Donahay
Vice-President: R. Milton Johnson
Vice-President: William L. Hough
Vice-President and
Treasurer: Glenn D. Davis
Secretary: Philip D. Wheeler
Asst. Secretary: Linn H. McCain, III
Asst. Secretary: Michelle B. Rutta
Asst. Secretary: Diane A. Sheffield
Asst. Secretary: Donald Street
Asst. Secretary: Julia A. Trottier

DIRECTORS:

Yolanda D. Chesley
Glenn D. Davis
R. Milton Johnson
A.G. Rawald

ADDRESS

4525 Harding Road
Nashville, TN 37205