

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 # F93000003166 (6)

1. Corporation Name

KEYSTONE HOMEHEALTH MANAGEMENT, INC.



Principal Place of Business

3333 LEE PARKWAY, STE. 900
DALLAS TX 75219

Mailing Address

3333 LEE PARKWAY, STE. 900
DALLAS TX 75219

2. Principal Place of Business

21 One Park Plaza

Suite, Apt. #, etc.

22 City & State
Nashville, TN

23 Zip
37203

Country
US

2a. Mailing Address

26 P.O. Box 570

Suite, Apt. #, etc.

27 Attn: Tax Dept.
City & State
Nashville, TN

28 Zip
37202

Country
US

3. Date Incorporated or Qualified

07/09/1993

3a. Date of Last Report

04/24/1995

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

100001818121

83

-05/13/96-01027-022

***200.00

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 the applicable

DATE Registered Agent's Signature (required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

P RAWALD, A.G. 4525 HARDING ROAD NASHVILLE TN 37205 ☒ DELETE

S WHEELER, PHILIP D. 4525 HARDING ROAD NASHVILLE TN 37205 ☒ DELETE

VP FRANCIS, RICHARD E., JR. 4525 HARDING ROAD NASHVILLE TN 37205 ☒ DELETE

VPAS KOBAN, MICHAEL A., JR. 4525 HARDING ROAD NASHVILLE TN 37205 ☒ DELETE

VP DONAHEY, KENNETH C. 4525 HARDING ROAD NASHVILLE TN 37205 ☒ DELETE

VP JOHNSON, R. MILTON 4525 HARDING ROAD NASHVILLE TN 37205 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP ☐ Change ☒ Addition

P Vandewater, David T. One Park Plaza Nashville, TN 37203

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP ☐ Change ☒ Addition

V/AS/D Braun, Stephen T. One Park Plaza Nashville, TN 37203

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP ☐ Change ☒ Addition

V/T/D Colby, David C. One Park Plaza Nashville, TN 37203

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP ☐ Change ☒ Addition

V/D Schweinhart, Richard A. One Park Plaza Nashville, TN 37203

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:

R. Milton Johnson

R. Milton Johnson 32916 (615) 307-9551

Date

Daytime Phone #

CR2E034 (12/95)