

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
TAMARA B. MONTGOMERY
Secretary of State
1000 BOULEVARD OF THE SEAS, SUITE 1000
TALLAHASSEE, FLORIDA 32399-0001

**APPROVED
AND
FILED**

MAY -1 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000300 (3)

1. Corporation Name

PREMIER HEALTH MANAGEMENT, INC.

Principal Place of Business: **7135 HODGSON MEMORIAL DR. SUITE 13 SAVANNAH GA 31406**
Mailing Address: **7135 HODGSON MEMORIAL DR SUITE 13 SAVANNAH GA 31406**

(or fact which in this space)

3. Date of Incorporation or Qualification: **01/21/1994**
3a. Date of Last Report:
4. FEI Number: **58-2061182**
Applied For: ☐ Not Applicable
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**
7. Trust Fund Contribution: ☐
8. Does corporation have liability for damages for under \$100,000 Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
2b. City and State: **27**
2c. City and State: **28**
2d. City and State: **29**
2e. City and State: **30**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Applicable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of law hereinbefore referred to, I, the undersigned, hereby certify that the information furnished herein is true and correct, and that the undersigned is duly qualified to act as registered agent for the corporation named herein, and that the undersigned is duly qualified to act as registered agent for the corporation named herein.

SIGNATURE

12. OFFICER, DIRECTOR, AND OTHER OFFICERS:
NAME: **P BOLCH, ELLEN B**
STREET ADDRESS: **7135 HODGSON MEMORIAL DR. SAVANNAH GA 31406**
NAME: **S LUPACCHINO, ROBERT L**
STREET ADDRESS: **7135 HODGSON MEMORIAL DR. SAVANNAH GA 31406**
NAME: **D IVES, JOHN E**
STREET ADDRESS: **4700 WATERS AVE. SAVANNAH GA 31404**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, ETC.:
NAME: **C Kathy Jones**
STREET ADDRESS: **4700 Waters Ave Savannah, GA 31404**
NAME: **CF0 Michael Scheer**
STREET ADDRESS: **4700 Waters Ave Savannah, GA 31404**
NAME: **S Robert Luppacchino**
STREET ADDRESS: **7135 Hodgson Memorial Dr., Ste 13 Savannah, GA 31406**
NAME: **Agent Roy Gingrich**
STREET ADDRESS: **7135 Hodgson Memorial Dr., Ste. 13 Savannah, GA 31406**

14. I, the undersigned, hereby certify that the information supplied with this filing is accurate, complete, and does not qualify for the exemption stated in Section 190.01, Florida Statutes. I further certify that the information submitted for this filing is not a duplicate of any information previously filed with the Department of State, and that the information is not a duplicate of any information previously filed with the Department of State.

SIGNATURE:

Signature and Printed Name of Signing Officer or Director
Roy L. Gingrich

4/26/95

912-350-6505