

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002444 (7)

1. Corporation Name

LENOX HEALTH SERVICES, INC.



Principal Place of Business

Mailing Address

3155 PRESIDENTIAL DRIVE
#103
ATLANTA GA 30340
US

1970 CLIFF VALLEY WAY N.E.
SUITE 210
ATLANTA GA 30329

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

City & State

City & State

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/11/1994

3a. Date of Last Report

02/14/1995

4. FEI Number

58-1735362

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

10. Name and Address of New Registered Agent

GRASS, ALEATHA A
#98 SAN MONICA VILLA BOX K-12
MARCO ISLAND FL 33937

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

GRASS Aleatha

(NOTE: Registered Agent signature required when removing)

2/26/96

12. OFFICERS AND DIRECTORS

TITLE PCDT ☐ DELETE

NAME MCLARNON, MICHAEL C
STREET ADDRESS 150 NORTHLAND RIDGE TR.
CITY-ST-ZIP ATLANTA GA

TITLE D ☐ DELETE

NAME GATES, GREG
STREET ADDRESS 3399 PEACHTREE ROAD, N.E., STE 590
CITY-ST-ZIP ATLANTA GA

TITLE D ☐ DELETE

NAME MCLARNON, CHARLES
STREET ADDRESS 150 NORTH AVE
CITY-ST-ZIP GREENWICH CT

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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***200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/96 8002325833

CR2E034 (12/95)