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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JUL 25 PM 3:58

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000003354 (7)

1. Corporation Name

SULLIVAN HEALTH & REHABILITATION MANAGEMENT, INC.

Transcend Case Management, Inc.

Principal Place of Business

3353 PEACHTREE ROAD, N.E.  
SUITE 1000  
ATLANTA GA 30326  
US

Mailing Address

3353 PEACHTREE ROAD, N.E.  
SUITE 1000  
ATLANTA GA 30326-1053  
US

3. Date Incorporated or Qualified  
06/27/1994

3a. Date of Last Report  
06/12/1996

4. FEI Number  
58-1485945

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

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 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 Acceptable)

200002257262--0

83

08/04/97 01170-001

\*\*\*\*165.00 \*\*\*\*165.00

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☒ DELETE  
NAME STEPHENSON, KATHY  
STREET ADDRESS 3353 PEACHTREE RD SUITE 1000  
CITY-ST-ZIP ATLANTA GA 30326

TITLE COB ☐ DELETE  
NAME GERDES, LARRY G  
STREET ADDRESS 3353 PEACHTREE RD SUITE 1000  
CITY-ST-ZIP ATLANTA GA 30326

TITLE COO ☒ DELETE  
NAME BODE, PAUL M  
STREET ADDRESS 150 E PONCE DE LEON AVE STE 215  
CITY-ST-ZIP DECATUR GA 30030

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, CEO ☐ Change ☒ Addition  
1.2 NAME Tbadmann  
1.3 STREET ADDRESS 3353 Peachtree Rd, Suite 1000  
1.4 CITY-ST-ZIP Atlanta, GA 30326

2.1 TITLE Sec. ☒ Change ☐ Addition  
2.2 NAME David A Murphy  
2.3 STREET ADDRESS 3353 Peachtree Rd, Suite 1000  
2.4 CITY-ST-ZIP Atlanta, GA 30326

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

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

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

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

3/1/97 (404) 364-1688

CR2E034 (9/96)