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 # **F94000005675 (3)**

1. Corporation Name

HEALTHCORP OF TENNESSEE, INC.

Principal Place of Business	Mailing Address
900 JAMES BUILDING 735 BROAD STREET CHATTANOOGA TN 37402	900 JAMES BUILDING 735 BROAD STREET CHATTANOOGA TN 37402

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **11/01/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **62-1500283** ☐ 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

CAPITAL CONNECTION
417 E. VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 Section 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HAYES, T F	
STREET ADDRESS	900 JAMES BUILDING, 735 BROAD STREET	
CITY-ST-ZIP	CHATTANOOGA TN 37402	
TITLE	COO	☐ DELETE
NAME	GLASS, ROGER	
STREET ADDRESS	900 JAMES BUILDING, 735 BROAD STREET	
CITY-ST-ZIP	CHATTANOOGA TN	
TITLE	S	☐ DELETE
NAME	GESELBRACHT, KIM G	
STREET ADDRESS	900 JAMES BUILDING, 735 BROAD STREET	
CITY-ST-ZIP	CHATTANOOGA TN 37402	
TITLE	AS	☐ DELETE
NAME	ROGERS, JAMES C	
STREET ADDRESS	900 JAMES BUILDING, 735 BROAD STREET	
CITY-ST-ZIP	CHATTANOOGA TN 37402	
TITLE	V	☒ DELETE
NAME	NEWTON, CAROL	
STREET ADDRESS	900 JAMES BUILDING, 735 BROAD STREET	
CITY-ST-ZIP	CHATTANOOGA TN 37402	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report 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: Tom W. Newton May 1, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date Phone

CR2E034 (12/95)