FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # F95000000762

1. Corporation Name

Strategic Healthcare Management, Inc.

Principal Place of Business
2215 Sanders Rd.
Northbrook, IL 60062

Mailing Address
2215 Sanders Rd.
Northbrook, IL 60062

3. Date Incorporated or Qualified: 2/15/95
3a. Date of Last Report:

2. Principal Place of Business
21 2211 Sanders Rd.
Suite, Apt. #, etc. 22
City & State 23 Northbrook, IL
Zip 24 60062
Country 25

2a. Mailing Address
26 3000 Galleria Tower
Suite, Apt. #, etc. 27 Suite 1000
City & State 28 Birmingham, AL
Zip 29 35244
Country 30

4. FEI Number: 95-4358085 — 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 CorporationSystem, Inc.
1201 Hays Street
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 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

other officers on file should be deleted!!

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: CCEOPD — ☐ Change ☒ Addition
1.2 NAME: Larry R. House
1.3 STREET ADDRESS: 3000 Galleria Tower, Suite 1000
1.4 CITY-ST-ZIP: Birmingham, AL 35244

2.1 TITLE: VTD — ☐ Change ☒ Addition
2.2 NAME: Harold O. Knight, Jr.
2.3 STREET ADDRESS: 3000 Galleria Tower, Suite 1000
2.4 CITY-ST-ZIP: Birmingham, AL 35244

3.1 TITLE: SD — ☐ Change ☒ Addition
3.2 NAME: Tracy P. Thrasher
3.3 STREET ADDRESS: 3000 Galleria Tower, Suite 1000
3.4 CITY-ST-ZIP: Bimringham, AL 35244

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

900002197139
-06/02/97--01016--029
***165.00

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: Tracy P. Thrasher 4/ /97 (205)733-8996

CR2E034 (9/96)