

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 MAY -1 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000762 (3)

1. Corporation Name

STRATEGIC HEALTHCARE MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2211 SANDERS RD.  
NORTHBROOK IL 60062

Mailing Address

3000 GALLERIA TOWER  
SUITE 1000  
BIRMINGHAM AL 35244

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

02/15/1995

4. FEI Number

95-4358085

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, 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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEOP  
NAME HOUSE, LARRY R  
STREET ADDRESS 3000 GALLERIA TOWER, SUITE 1000  
CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ DELETE

TITLE VTD  
NAME KNIGHT, HAROLD O JR.  
STREET ADDRESS 3000 GALLERIA TOWER, SUITE 1000  
CITY-ST-ZIP BIRMINGHAM AL 35244 ☐ DELETE

TITLE SD  
NAME THRASHER, TRACY P  
STREET ADDRESS 3000 GALLERIA TOWER, SUITE 1000  
CITY-ST-ZIP BIRMINGHAM AL 35244 ☐ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D/CEO  
1.2 NAME E. Mac Crawford  
1.3 STREET ADDRESS 3000 Galleria Tower, Suite 1000  
1.4 CITY-ST-ZIP Birmingham, AL 35244 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 800002507848--8 ☐ Change ☐ Addition

3.1 TITLE V/SB  
3.2 NAME Thrasher, Tracy P.  
3.3 STREET ADDRESS 3000 Galleria Tower, Suite 1000  
3.4 CITY-ST-ZIP Birmingham, AL 35244 ☒ Change ☐ Addition

4.1 TITLE VP & General Counsel  
4.2 NAME Johnston, J. Brooke, Jr.  
4.3 STREET ADDRESS 3000 Galleria Tower, Suite 1000  
4.4 CITY-ST-ZIP Birmingham, AL 35244 ☐ 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 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

CR2E034 (10/97)



THE UNITED STATES  
CORPORATION  
COMPANY

2

ACCOUNT NO. : 072100000032

REFERENCE : 802968 4390339

AUTHORIZATION :

*Patricia Pizut*

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 1998

ORDER TIME : 9:25 AM

ORDER NO. : 802968-080

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber  
Medpartners, Inc.  
3000 Riverchase  
Galleria Tower / Ste. 1000  
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: STRATEGIC HEALTHCARE  
MANAGEMENT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynette Coleman

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
98 MAY -1 AM 11:22  
DIVISION OF CORPORATION