

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 08 1997 8:00am  
Secretary of State

DOCUMENT # **F95000002777 (9)**

1. Corporation Name

**SHARED SERVICES HEALTHCARE, INC.**



Principal Place of Business

Mailing Address

**3200 WINDY HILL ROAD  
SUITE 1400 WEST  
ATLANTA GA 30339**

**3200 WINDY HILL ROAD  
SUITE 1400 WEST  
ATLANTA GA 30339-5609**

3. Date Incorporated or Qualified

**06/08/1995**

3a. Date of Last Report

**03/18/1996**

4. FEI Number

**58-2158576**

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 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

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **C KIMSEY, BOB**  
STREET ADDRESS **777 HEMLOCK STREET**  
CITY-ST-ZIP **MACON GA**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **P MULCAHY, HOWARD R**  
STREET ADDRESS **3200 WINDY HILL RD., STE 1400 WEST**  
CITY-ST-ZIP **ATLANTA GA**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **V SMITH, ANCIA**  
STREET ADDRESS **3200 WINDY HILL RD., STE 1400 WEST**  
CITY-ST-ZIP **ATLANTA GA**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **V GREEN, SANDRA**  
STREET ADDRESS **3200 WINDY HILL RD., STE 1400 WEST**  
CITY-ST-ZIP **ATLANTA GA**

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **C KIMSEY, BOB**  
STREET ADDRESS **777 HEMLOCK ST**  
CITY-ST-ZIP **MACON GA**

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **CEO BAILEY, OWEN**  
STREET ADDRESS **750 MURPHY AVENUE**  
CITY-ST-ZIP **FAIRHOPE AL**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0012286

CR2E034 (9/96)

## LIST OF OFFICERS

### PRESIDENT

Sandra W. Green  
500 Ayn Court  
Roswell, GA 30076

(770) 518-9843

S.S. No. 242-17-1561

### SECRETARY / TREASURER

Richard Martin  
Chief Operating Officer @ Satilla Regional Medical Center  
(home address)  
1054 Lynn Drive  
Waycross, Georgia 31503

(912) 287-2503

S.S. No. 253-76-1510

# **Shared Services Healthcare, Inc.**

## **BOARD OF DIRECTORS**

**2/4/97**

**Mr. Shannon Brown (Chairman)**

**Chief Executive Officer**

**BETSY JOHNSON HOSPITAL**

**800 Tilghman Drive**

**Dunn, NC 28334.....910/892-2452**

**FAX-910/892-0723**

**Mr. Conrad Flowers ( Interim Chairman-Elect)**

**Vice President, Fiscal Services**

**SOUTHERN REGIONAL MEDICAL CENTER**

**11 Upper Riverdale Road SW**

**Riverdale, GA 30274..... 770/991-8165**

**FAX-770/997-3304**

**Mr. Richard Martin (Secretary/Treasurer)**

**Chief Operating Officer**

**SATILLA REGIONAL MEDICAL CENTER**

**410 Darling Avenue**

**Waycross, GA 31501.....912/287-2503**

**FAX-912/287-2505**

**Mr. Owen Bailey**

**Chief Executive Officer**

**THOMAS HOSPITAL**

**750 Murphy Avenue**

**Fairhope, AL 36533.....334/928-2375**

**FAX-334/990-1498**

**Mr. Bill Bedsole**

**Chief Financial Officer**

**BEAUFORT COUNTY HOSPITAL**

**628 East 12th Street**

**Washington, NC 27889.....919/975-4205**

**FAX-919/975-1059**

**Board of Directors**

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**Mr. H.D. Cannington**

**Administrator**

**JAY HOSPITAL**

**221 S. Alabama Street**

**Jay, FL 32565.....904/675-8011**

**FAX-904/675-8170**

**Mr. Arthur Christie**

**Administrator**

**HOUSTON MEDICAL CENTER**

**1601 Watson Boulevard**

**Warner Robins, GA 31099..... 912/542-7740**

**FAX-912/542-7955**

**Mr. Donald Coleman**

**Director of Pharmacy**

**SCOTTISH RITE MEDICAL CENTER**

**1001 Johnson Ferry Road**

**Atlanta, GA 30342.....404/250-2159**

**FAX-404/250-2206**

**Mr. Bill Jones**

**Assistant Administrator**

**RILEY MEMORIAL HOSPITAL**

**1102 21st Avenue**

**Meridian, MS 39301..... 601/484-3585**

**FAX-601/484-3155**

**Mr. Bob Kimsey**

**Vice President**

**CENTRAL GEORGIA HEALTH VENTURES, INC.**

**691 Cherry Street, Ste. 500**

**Macon, GA 31201.....912/633-6942**

**FAX-912/633-5381**

**Mr. Jim Lowry**

**Chief Executive Officer**

**COLQUITT REGIONAL MEDICAL CENTER**

**3131 Thomasville Highway**

**Moultrie, GA 31776.....912/890-3532**

**FAX-912/985-9122**

**Board of Directors**  
**Page 3**

**Mr. Max Milford**  
**Assistant Administrator/CFO**  
**TY COBB HEALTHCARE SYSTEM**  
**572 Franklin Springs Street**  
**Royston, GA 30662.....706/245-1830**  
**FAX-706/245-1831**

**Mr. Ted White**  
**Business Manager**  
**JOHN UMSTEAD HOSPITAL**  
**1003 12th Street**  
**Butner, NC 27509.....919/575-7201**  
**FAX-919/575-7013**

**Mr. Jerry Woodruff**  
**Director of Materials Management**  
**MAGNOLIA HOSPITAL**  
**611 Alcorn Drive**  
**Corinth, MS 38834.....601/293-1340**  
**FAX-601/293-4317 & 4220**

**Mr. Stan Hammack**  
**Administrator**  
**USA KNOLLWOOD**  
**3600 Girby Road**  
**Mobile, AL 36693.....334/660-5120**  
**FAX-334/660-5245**

**Mr. Fred Odell**  
**Administrator**  
**CARTERET GENERAL HOSPITAL**  
**3500 Arendell Street**  
**Morehead City, NC 28557.....919/247-1616**  
**FAX-919/247-1630**