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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F95000002777

1. Corporation Name

SHARED SERVICES HEALTHCARE, INC.

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90021 017 ***150.00

Principal Place	Principal Place of Business Mailing Address				# 1801/100 III/B 18/60 BANN DONN DONN DONN BONN FOR A LADIN HOUR HOUR HOUR HOUR HOUR		
3200 WINDY HILL ROAD 3200 WINDY HILL ROAD							
SUITE 1400 WEST SUITE 1400 WEST					. /		
ATLANTA GA 30339 ATLANTA GA 30339					DO NOT WRITE IN THIS SPACE		
1					3. Date incorporated or Qualifed		
					06/08/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For		
21		26			58-2158576 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & Stat	<u> </u>	City & State			6. Election Campaign Financing \$5.00 May Be		
23	6	28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible		
24	25	29 30	o		Personal Property Tax. ☐ Yes ☐ No		
	9. Name and Address of Current	<u> </u>	' I		10. Name and Address of New Registered Agent		
			81	Name	ne		
C T CORPORATION SYSTEM			82	Strop	Street Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD			"	5,100	Set Address (1.0. Dox 14dinod is 14dt Addeptable)		
PLANTATION FL 33324				3			
				4 090	/ - 85 Zip Code		
1			84	4 City	FL]°3 24 Cours		
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 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 regarded. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				led corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered			
SIGNATURE							
0.0	Signature, typed or printed name of registered agent	.,		ent signature	ure required when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	(TR. DETE IF	1.1 TITLE		Criange Notation		
NAME	KIMSEY, BOB		1.2 NAME		Conrad Towers Contac Il upper Rivadel		
STREET ADDRESS	777 HEMLOCK STREET		1.3 STREE	T ADDRESS	Conrad Flowers Southern Ress. Med. Center 11 upper Riverdel Riverdale, GA 30274		
CITY-ST-ZIP	MACON GA		1.4 CITY-	ST-ZIP	Riverdule GH 30274		
TITLE	Р	☐ DELETE	2.1 TITLE		Change Addition		
NAME	GREEN, SANDRA W		2.2 NAME				
STREET ADDRESS	500 AYN CT		2.3 STREE	ET ADDRESS	:ss		
CITY-ST-ZIP	ROSWELL GA		2. 4 CITY-	ST-ZIP_			
TITLE	ST	☑ DELETE	3.1 TITLE		5 T □ Change □ Addition		
NAME	MARTIN, RICHARD		3.2 NAME		Max Milford		
STREET ADDRESS	1054 LYNN DR		3.3 STREE	T ADDRESS	:ss Ty cobb Healthcare sys. 512 ranklin		
CITY-ST-ZIP	WAYCROSS GA		3.4. CITY-	ST-ZIP_	TY cobb Healthcare Sys. 572 Franklin Springs St., Royston GA 30662		
TITLE	С	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME	BROWN, SHANNON		4. 2 NAME	:			
STREET ADDRESS	800 TILGHMAN DR		4.3 STREE	TADDRESS	ess		
CITY-ST-ZIP	DUNN NC		4.4 CITY-S	ST-ZIP			
TITLE	CEO	DELETE	5.1 TITLE		☐ 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, with all other like empowered.

5.2 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

BAILEY, OWEN

FAIRHOPE AL

BEDSOLE, BILL

WASHINGTON NC

628 E 12 ST

CFO

750 MURPHY AVE

DELETE

770-952-6916

☐ Change

Addition