


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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90021 017 ***150.00

0013483

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.					
Principal Place of Business 3200 WINDY HILL ROAD SUITE 1400 WEST ATLANTA GA 30339			Mailing Address 3200 WINDY HILL ROAD SUITE 1400 WEST ATLANTA GA 30339		
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 58-2158576	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	C	<input checked="" type="checkbox"/> DELETE			
NAME	KIMSEY, BOB				
STREET ADDRESS	777 HEMLOCK STREET				
CITY-ST-ZIP	MACON GA				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	GREEN, SANDRA W				
STREET ADDRESS	500 AYN CT				
CITY-ST-ZIP	ROSWELL GA				
TITLE	ST	<input checked="" type="checkbox"/> DELETE			
NAME	MARTIN, RICHARD				
STREET ADDRESS	1054 LYNN DR				
CITY-ST-ZIP	WAYCROSS GA				
TITLE	C	<input type="checkbox"/> DELETE			
NAME	BROWN, SHANNON				
STREET ADDRESS	800 TILGHMAN DR				
CITY-ST-ZIP	DUNN NC				
TITLE	CEO	<input checked="" type="checkbox"/> DELETE			
NAME	BAILEY, OWEN				
STREET ADDRESS	750 MURPHY AVE				
CITY-ST-ZIP	FAIRHOPE AL				
TITLE	CFO	<input checked="" type="checkbox"/> DELETE			
NAME	BEDSOLE, BILL				
STREET ADDRESS	628 E 12 ST				
CITY-ST-ZIP	WASHINGTON NC				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Conrad Flowers				
1.3 STREET ADDRESS	Southern Reg. Med. Center 11 upper Riverdale				
1.4 CITY-ST-ZIP	Riverdale, GA 30274				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Max Milford				
3.3 STREET ADDRESS	TY Cobb Healthcare Sys. 572 Franklin				
3.4 CITY-ST-ZIP	Springs St., Royston GA 30662				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE: _____

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99 770-952-6916
Date Daytime Phone #

CR2E034 (11/98)