FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000004591 (2)**

1. Corporation Name

AMERICAN TRANSITIONAL HOSPITALS, INC.

Principal Place of Business	Mailing Address
5111 ROGERS AVE., #40-A FT. SMITH AR 72919-0155	5111 ROGERS AVE., #40-A FT. SMITH AR 72919-0155

3. Date Incorporated or Qualified: 09/21/1995
3a. Date of Last Report: N/A

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 76-0232151 ☐ 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC BANKS, DAVID R 5111 ROGERS AVE., #40-A FT. SMITH AR 72919-0155	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MOORE, T J 5111 ROGERS AVE., #40-A FT. SMITH AR 72919-0155	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition D/P Mathies, William A. 5111 Rogers Avenue, Suite 40-A Fort Smith, AR 72919-0155
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CROSBY, ROBERT 5111 ROGERS AVE., #40-A FT. SMITH AR 72919-0155	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition D/VC Hendrickson, Boyd W. 5111 Rogers Avenue, Suite 40-A Fort Smith, AR 72919-0155
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD POMMERVILLE, ROBERT W 5111 ROGERS AVE., #40-A FT. SMITH AR 72919-0155	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 600001833266 -05/21/96--01162--013 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEPHENS, BOBBY W 5111 ROGERS AVE., #40-A FT. SMITH AR 72919-0155	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WOLTIL, ROBERT D 5111 ROGERS AVE., #40-A FT. SMITH AR 72919-0155	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☒ Addition VP/AS MacKenzie, John W. 5111 Rogers Avenue, Suite 40-A Fort Smith, AR 72919-0155 5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John W MacKenzie John W. MacKenzie 4/25/96 501-484-8465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)