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
97 OCT -7 AM 10: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000000001 (4)**

1. Corporation Name
ARCON HEALTHCARE INC.

Principal Place of Business	Mailing Address
545 MAINSTREAM DR., STE. 330 NASHVILLE TN 37228	545 MAINSTREAM DR., STE. 330 NASHVILLE TN 37228-1201

3. Date Incorporated or Qualified: 12/31/1996
3a. Date of Last Report:

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

4. FEI Number: 62-1608083 ☐ 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

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is not acceptable) 000220659--3 -10/15/97--01037--019
83 ****550.00 ****550.00
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	Director	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COLEMAN, LARRY H PH.D.		1.2 NAME		
STREET ADDRESS	237 SECOND AVE. SOUTH		1.3 STREET ADDRESS	See complete list of officers and directors attached	
CITY-ST-ZIP	FRANKLIN TN 37064		1.4 CITY-ST-ZIP		
TITLE	Director	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NEWHALL, CHARLES W III		2.2 NAME		
STREET ADDRESS	1119 ST. PAUL ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD 21202		2.4 CITY-ST-ZIP		
TITLE	Director	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOORHEAD, RODMAN W III		3.2 NAME		
STREET ADDRESS	466 LEXINGTON AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10017		3.4 CITY-ST-ZIP		
TITLE	Director	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HILTON, ROBERT C		4.2 NAME		
STREET ADDRESS	2100 WEST END AVE., STE. 750		4.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37203		4.4 CITY-ST-ZIP		
TITLE	Director	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAMBURG, WILLIAM J		5.2 NAME		
STREET ADDRESS	3100 WEST END AVE., STE. 1230		5.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37203		5.4 CITY-ST-ZIP		
TITLE	Director	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORPHIS, ROCK		6.2 NAME		
STREET ADDRESS	1913 21ST AVE. S.		6.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37212		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 _____ DATE 10-1-97

(9)

Arcon HealthCare Inc.
List of Officers
EIN 62-1608083
As of (see Date Below)

Position	Officer	SSN	Business Address and Phone #
President & CEO	W. Hudson Connery	025-36-1079	545 Mainstream Drive, Ste 330 Nashville, TN 37228 (615) 242-9900
V.P. Corporate Operations	Jerry D. Pressley	453-86-6697	545 Mainstream Drive, Ste 330 Nashville, TN 37228 (615) 242-9900
Vice President & CFO	D. Andrew Slusser	465-25-3113	545 Mainstream Drive, Ste 330 Nashville, TN 37228 (615) 242-9900
V.P. - Development	Joseph A. Sowell	264-15-6442	545 Mainstream Drive, Ste 330 Nashville, TN 37228 (615) 242-9900

(3)

Arcon HealthCare Inc.
List of Directors
EIN 62-1608083
As of (see Date Below)

Director	Company	Business Address and Phone #
Larry H. Coleman, Ph. D.	Franklin Capital Associates, III, L.P.	237 Second Avenue South Franklin, TN 37064 (615) 791-9462
Charles W. Newhall, III	New Enterprise Associates, VI, L.P.	1119 St. Paul Street Baltimore, MD 21202 (410) 244-0115
Rodman W. Moorhead, III	Warburg, Pincus Ventures, L.P.	466 Lexington Avenue New York, NY 10017 (212) 878-0621
Robert C. Hilton	Home Technology Healthcare	2100 West End Avenue, Ste. 750 Nashville, TN 37203 (615) 340-0115
William J. Hamburg	Symetry Health Partners	3100 West End Avenue, Ste. 1230 Nashville, TN 37203 (615) 292-2646
W. Hudson Connery	Arcon Management L.P.	545 Mainstream Dr., Ste. 330 Nashville, TN 37228 (615) 242-9900
Rock A. Morphis	Heritage Health Systems, Inc.	1913 21st Avenue South Nashville, TN 37212 (615) 383-8450