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FILED

Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002467 (5)

1. Corporation Name

MANAGEMENT HEALTH SYSTEMS, INC.

Principal Place of Business

5808 PRINCETON AVE  
COLUMBUS GA 31904

Mailing Address

5808 PRINCETON AVE  
COLUMBUS GA 31904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1997

4. FEI Number

58-2297524

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

COLLINS, JOAN  
1818 AUSTRALIAN AVE SOUTH STE 102  
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name M. WAYNE STARKS

82 Street Address (P.O. Box Number is Not Acceptable)

109 MARSH CREEK RD

83

84 City FERNANDINA BEACH

FL

85 Zip Code 32034

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

M. Wayne Starks M. WAYNE STARKS CHRM

3/30/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C  
NAME STARKE, M W  
STREET ADDRESS 8151 CAPE COD DRIVE  
CITY-ST-ZIP COLUMBUS GA 31904 ☐ DELETE

TITLE PD  
NAME LEMONIER, MICHAEL  
STREET ADDRESS 563 MILLER RD  
CITY-ST-ZIP NO BENNINGTON IL 60010 ☐ DELETE

TITLE STD  
NAME PARKER, JIM  
STREET ADDRESS ROUTE 1, BOX 1890  
CITY-ST-ZIP BOX SPRINGS GA 31801 ☐ DELETE

TITLE V  
NAME COLLINS, JOAN  
STREET ADDRESS 2973 SW BRIGHTON  
CITY-ST-ZIP PALM BAY FL 34990 ☒ DELETE

TITLE S  
NAME MEACHAM, CHRISTOPHER L  
STREET ADDRESS 3731 PHELTS DR.  
CITY-ST-ZIP COLUMBUS GA 31904 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: J.H. PARKER J.H. PARKER CFO, Treasurer 3/30/98 706 722 7085

CR2E034 (10/97)