

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000003635 (6)  
1. Corporation Name

KANAWHA HEALTHCARE, INC.



Principal Place of Business

4609 OLD COURSE RD  
CHARLOTTE NC 28277

Mailing Address

4609 OLD COURSE RD  
CHARLOTTE NC 28277

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1997

4. FEI Number

57-1043047

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

21 210 S White Street

Suite, Apt. #, etc.

22 City & State

23 Lancaster, S.C.

Zip

24 29720

Country

25 U.S.

2a. Mailing Address

26 P.O. Box 610

Suite, Apt. #, etc.

27 City & State

28 Lancaster, S.C.

Zip

29 29721-0610

Country

30 U.S.

9. Name and Address of Current Registered Agent

FOX, BILLY J  
6201 PRESIDENTIAL COURT  
EMBASSY BUILDING, SUITE 102  
FORT MYERS FL 33919

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVC	<input type="checkbox"/> DELETE
NAME	TILLOTSON, JAMES L	
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-ST-ZIP	LANCASTER SC 29720	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VAUGHAN, R D	
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-ST-ZIP	LANCASTER SC 29720	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THOMAS, THOMAS W	
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-ST-ZIP	LANCASTER SC 29720	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MATTHEWS, ROBERT E	
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-ST-ZIP	LANCASTER SC 29720	
TITLE	C	<input type="checkbox"/> DELETE
NAME	JOHNSON, STANLEY D	
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-ST-ZIP	LANCASTER SC 29720	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DEGENNARO, CARMINE	
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-ST-ZIP	LANCASTER SC 29720	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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:

*Thomas W. Thomas*

THOMAS W. THOMAS

7/13/98

803-283-5305

CR2E034 (5/98)