

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90075 037 ***158.75

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DOCUMENT # **F97000003635**

1. Corporation Name

KANAWHA HEALTHCARE, INC.



Principal Place of Business

**210 S WHITE ST
LANCASTER SC 29720
US**

Mailing Address

**P.O. BOX 610
LANCASTER SC 29721
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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 reinstating)

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 | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | VAUGHAN, RICHARD DALE | |
| 1.3 STREET ADDRESS | 210 SOUTH WHITE STREET | |
| 1.4 CITY-ST-ZIP | LANCASTER, SC 29720 | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | TILLOTSON, JAMES L. | |
| 2.3 STREET ADDRESS | 210 SOUTH WHITE STREET | |
| 2.4 CITY-ST-ZIP | LANCASTER, S.C 29720 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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, with all other like empowered.

SIGNATURE:

Thomas W. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS W. THOMAS

SP VICE PRESIDENT

SECRETARY & GENERAL COUNSEL

1/7/99

Date

803-283-5305

Daytime Phone #

CR2E034 (11/98)