

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000004936

1. Corporation Name

EMORY HEALTHCARE, INC.

Principal Place of Business

1440 Clifton Rd.
Suite 400
Atlanta, GA 30322

Mailing Address

1440 Clifton Rd.
Suite 400
Atlanta, GA 30322

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

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

81 Name

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

83

84 City

3. Date Incorporated or Qualified

8/31/1998

4. FEI Number

58-2137993

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	C	<input type="checkbox"/> DELETE
NAME	Johns, Michael M.E., M.D.	
STREET ADDRESS	1440 Clifton Rd., Ste. 400	
CITY-ST-ZIP	Atlanta, GA 30322	

TITLE	D	<input type="checkbox"/> DELETE
NAME	Alexander, Wayne, M.D.	
STREET ADDRESS	1639 Pierce Dr., 319 WMB	
CITY-ST-ZIP	Atlanta, GA 30322	

TITLE	D	<input type="checkbox"/> DELETE
NAME	Allen, J. David, D.D.S.	
STREET ADDRESS	5090 Chastleton Drive	
CITY-ST-ZIP	Stone Mountain, GA 30087	

TITLE	P	<input type="checkbox"/> DELETE
NAME	Fox, John T.	
STREET ADDRESS	1440 Clifton Rd., Ste. 440	
CITY-ST-ZIP	Atlanta, GA 30322	

TITLE	S	<input type="checkbox"/> DELETE
NAME	Spencer, Lorraine H.	
STREET ADDRESS	1364 Clifton Rd., E228	
CITY-ST-ZIP	Atlanta, GA 30322	

TITLE	D	<input type="checkbox"/> DELETE
NAME	Casarella, William, M.D.	
STREET ADDRESS	1364 Clifton Rd., A-127	
CITY-ST-ZIP	Atlanta, GA 30322	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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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 617, 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:

Lorraine Hess Spencer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lorraine Hess Spencer 4/30/99 404-712-

Date

Daytime Phone # 5627

FILED

99 MAY -4 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E037 (11/98)