

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 02 1996 8:00 am
Secretary of State

DOCUMENT # **G52664** (1)

1. Corporation Name
FLORIDA HEALTH FACILITIES, INC.



Principal Place of Business Mailing Address
**21808 STATE RD 54
LUTZ FL 33549
US** **577 MULBERRY STREET
POST OFFICE BOX 209
MACON GA 31296-2399**

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 Country 29. Zip Country 30.

3. Date Incorporated or Qualified **08/04/1983** 3a. Date of Last Report **02/02/1995**
4. FEI Number **58-1860493** 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 **CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **D COBERN, JOSEPH M.**
STREET ADDRESS **3414 PEACHTREE RD NE, SUITE 1400**
CITY-ST-ZIP **ATLANTA GA**
TITLE DELETE
NAME **D MCRAE, GLENN A**
STREET ADDRESS **577 MULBERRY ST**
CITY-ST-ZIP **MACON GA**
TITLE DELETE
NAME **DV MCCAULEY, JOHN C**
STREET ADDRESS **577 MULBERRY STREET**
CITY-ST-ZIP **MACON GA**
TITLE DELETE
NAME **P O'SHAUGHNESSY, JON C.**
STREET ADDRESS **3414 PEACHTREE RD, NE SUITE 1400**
CITY-ST-ZIP **ATLANTA GA**
TITLE DELETE
NAME **S FILUSH, JAMES M**
STREET ADDRESS **577 MULBERRY STREET**
CITY-ST-ZIP **MACON GA**
TITLE DELETE
NAME **T SANFORD, CHARLOTTE A**
STREET ADDRESS **3414 PEACHTREE RD, NE SUITE 1400**
CITY-ST-ZIP **ATLANTA GA**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ **1-16-96** **912-742-1161**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

1996 CORPORATION ANNUAL REPORT

FOR

FLORIDA HEALTH FACILITIES, INC.

ADDITIONAL OFFICERS:

Sr. Executive VP
Michael Harrington
12895 Seminol Blvd.
Largo, FL 34648

VP- Risk Management
John C. McCauley
577 Mulberry Street
Macon, GA 31298

Assistant Secretary
James R. Bedenbaugh
3414 Peachtree RD NE
Suite 1400
Atlanta, GA 30326

Assistant Secretary
Kirk D. McConnell
3414 Peachtree RD NE
Suite 1400
Atlanta, GA 30326

Assistant Secretary
Cherie M. Fuzzell
3414 Peachtree RD NE
Suite 1400
Atlanta, GA 30326

Executive VP
Marian Williams
21808 S.R. 54
Lutz, FL 33549