

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

FILED  
Jan 27 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 # **G52664** (1)  
1. Corporation Name  
**FLORIDA HEALTH FACILITIES, INC.**

Principal Place of Business <b>21008 STATE RD 54 LUTZ FL 33549 US</b>	Mailing Address <b>577 MULBERRY STREET POST OFFICE BOX 209 MACON GA 31208-2399</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/04/1983</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>58-1860493</b>	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COBERN, JOSEPH M.</b>	1.2 NAME	<b>J. Kevin Helmsfoller</b>
STREET ADDRESS	<b>3414 PEACHTREE RD NE, SUITE 1400</b>	1.3 STREET ADDRESS	<b>3414 Peachtree Rd NE Suite 1400</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>	1.4 CITY-ST-ZIP	<b>Atlanta GA 30326</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Director, President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LITTLE, JOSEPH C</b>	2.2 NAME	<b>Joel C. Ross</b>
STREET ADDRESS	<b>3414 PEACHTREE RD NE STE 1400</b>	2.3 STREET ADDRESS	<b>3414 Peachtree Rd NE Suite 1400</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>	2.4 CITY-ST-ZIP	<b>Atlanta GA 30326</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVERETT, KIM</b>	3.2 NAME	
STREET ADDRESS	<b>3414 PEACHTREE RD NE STE 1400</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>VP + Asst. Sec.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHNSON, JIM</b>	4.2 NAME	<b>Margie M. Smith</b>
STREET ADDRESS	<b>3414 PEACHTREE RD, NE SUITE 1400</b>	4.3 STREET ADDRESS	<b>577 Mulberry St.</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>	4.4 CITY-ST-ZIP	<b>MACON GA 31208</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FILUSH, JAMES M</b>	5.2 NAME	<b>Lawrence W. Drinkard</b>
STREET ADDRESS	<b>577 MULBERRY STREET</b>	5.3 STREET ADDRESS	<b>577 Mulberry St.</b>
CITY-ST-ZIP	<b>MACON GA</b>	5.4 CITY-ST-ZIP	<b>MACON GA 31208</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANFORD, CHARLOTTE A</b>	6.2 NAME	
STREET ADDRESS	<b>3414 PEACHTREE RD, NE SUITE 1400</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	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:

*Margie M. Smith* **MARGIE M. SMITH** 1-8-98 (912) 742-1111

CR2E034 (10/97)