FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # K95683 (4)

1. Corporation Name

SOUTHEAST HEALTH SYSTEMS, INC.

Principal Place of Business

2828 CROASDAILE DR.
DURHAM NC 27705
US

JAN 19

Mailing Address

ATTN. TAX DEPT.
P. O. BOX 15309
DURHAM NC 27704
US

3. Date Incorporated or Qualified: 06/14/1989

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0132631 — 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

2. Principal Place of Business	2a. Mailing Address
21	26 ATTN: TAX DEPT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P O BOX 740026
City & State 23	City & State 28 LOUISVILLE, KY
Zip 24 Country 25	Zip 29 40201-7426 Country 30

9. Name and Address of Current Registered Agent

LUCIBELLA, RICHARD
1901 S CONGRESS AVE 430
BOYNTON BCH FL 33435

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

100001481 7711
-05/13/96--01015--017
***200.00

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 ____________________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	TOWNSEND, JR. W	
STREET ADDRESS	2828 CROASDAILE DR.	
CITY-ST-ZIP	DURHAM NC	
TITLE	VPAS	☐ DELETE
NAME	FREW, JILL	
STREET ADDRESS	2828 CROASDAILE DR.	
CITY-ST-ZIP	DURHAM NC	
TITLE	VPAS	☐ DELETE
NAME	STEWART, RANDAL J.	
STREET ADDRESS	2828 CROASDAILE DR.	
CITY-ST-ZIP	DURHAM NC	
TITLE	VPAS	☐ DELETE
NAME	HARDISTER, SHAWN W.	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE. 315	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	STD	☐ DELETE
NAME	BIRCH, WALTER E.	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE. 315	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D	☒ Change ☐ Addition
1.2 NAME	SMITH, WAYNE	
1.3 STREET ADDRESS	500 W MAIN	
1.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
2.1 TITLE	SrVP D	☒ Change ☐ Addition
2.2 NAME	CASH, W LARRY	
2.3 STREET ADDRESS	500 W MAIN	
2.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
3.1 TITLE	SrVP D	☒ Change ☐ Addition
3.2 NAME	COUGHLIN, KAREN A	
3.3 STREET ADDRESS	500 W MAIN	
3.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
4.1 TITLE	SrVP D	☒ Change ☐ Addition
4.2 NAME	GARMON, PHILIP B	
4.3 STREET ADDRESS	500 W MAIN	
4.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
5.1 TITLE	SrVP D	☒ Change ☐ Addition
5.2 NAME	LANKFORD, RONALD S., M.D.	
5.3 STREET ADDRESS	500 W MAIN	
5.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
6.1 TITLE	VP	☒ Change ☐ Addition
6.2 NAME	BAUERNFEIND, GEORGE	
6.3 STREET ADDRESS	500 W MAIN	
6.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	

5-1-96

CR2E034 (12/95)

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: George Bauernfeind VICE PRESIDENT-TAXES APR 29 1996 (502)580-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #