## 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

## **DOCUMENT #** P98000095371

COST MANAGEMENT PARTNERS, INC.

Principal Place of Business	Mailing Address
1875 EYE STREET N.W. 12TH FLR.	1875 EYE STREET N.W. 12TH FLR.

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90087 026 \*\*\*158.75

Principal Place of Business	Mailing Address			<b>8110 (018) 01106</b> (1111 11	1401 IID) IUD)
EYE STREET N.W. 12TH FLR. 1875 EYE STREET N.W. 12TH FLR.					
WASHINGTON DC 20006 WASHINGTON DC 20006		DO NOT WRITE IN THIS SPACE			
				HIS SPACE	<del>`</del>
			3. Date Incorporated or Qualifed		}
	12-		11/12/1998 4. FEI Number	1.7.4	-Vad Ca-
2. Principal Place of Business	2a. Mailing Address		4. PEI Number	<u> </u>	olied For Applicable
21	26			\$8.75 A	··
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Red	
City & State	City & State		6 Startion Communicat Financias	\$5.00	<del></del>
City & State	28		6. Election Campaign Financing Trust Fund Contribution	Added to	, ,
Zip Country	Zip	Country	This corporation owes the current year		
24 25	29 30	7	Personal Property Tax.		□No
9. Name and Address of Current		<u> </u>	10. Name and Address of New Registe	red Agent	
Training and Advances of Control		81 Name			}
CAPITAL CONNECTION, INC.					
417 E. VIRGINIA ST.		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
STE. 1		83			
TALLAHASSEE FL 32301-1283					
		84 City		FL 85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the above-named corr	poration submits this statement for the purpos	e of changing its	registered
office or registered agent, or both, in the State of	of Florida. Such change was autho	orized by the corporati	on's board of directors. I hereby accept the a	ppointment as reg	gistered ·
agent. I am familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statutes.	•		
OLONIA TUBE					
SIGNATURE Elevatives based or control name of recistered agent	and title if applicable (NOTF: Reg	ustered Agent signature require	ed when reinstating) DAT	=	
Signature, typed or printed name of registered agent		gistered Agent signature require	ad when reinstating)  DAT  ADDITIONS/CHANGES TO OFFICER		RS IN 12
Signature, typed or printed name of registered agent  12. OFFICERS AND					RS IN 12
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE	DIRECTORS	13.		S AND DIRECTO	
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME	DIRECTORS	13. 1.1 TITLE 1.2 NAME		S AND DIRECTO	
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		S AND DIRECTO	
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	Addition
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	Addition
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	Addition
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	Addition
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE	D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	Addition
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME	D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	Addition
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	Addition
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME	D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		S AND DIRECTO	Addition
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	D DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER	AND DIRECTOI Change Change	Addition Addition
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME	ADDITIONS/CHANGES TO OFFICER	AND DIRECTOI Change Change	Addition Addition
Signature. typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	D DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 3.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICER	AND DIRECTOI Change Change	Addition Addition
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME	ADDITIONS/CHANGES TO OFFICER	AND DIRECTOI Change Change	Addition Addition
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  TITLE  TITLE	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 3.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER	AND DIRECTOI Change Change Change	Addition Addition Addition
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 3.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	ADDITIONS/CHANGES TO OFFICER	AND DIRECTOI Change Change Change	Addition Addition Addition
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ADDITIONS/CHANGES TO OFFICER	AND DIRECTOI Change Change Change	Addition Addition Addition
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 STREET ADDRESS 5.5 STREET ADDRESS 5.5 STREET ADDRESS 5.6 STREET ADDRESS 5.7 STREET ADDRESS 5.8 STREET ADDRESS 5.9 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICER	AND DIRECTOI Change Change Change	Addition Addition Addition
Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 TITLE 5.5 NAME 5.6 STREET ADDRESS 5.6 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER	AND DIRECTOI Change Change Change	Addition Addition Addition
Signature. typed or printed name of registered agent  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE	ADDITIONS/CHANGES TO OFFICER	AND DIRECTOI Change Change Change	Addition Addition Addition

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 of the exemption of the exemption are 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:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES F. VICKERY
President/CEO
Baptist Health Care Corporation
1717 NORTH 'E' STREET, SUITE 320
PENSACOLA, FL 32522-7500

"194839-90001-26 P9800009537/

Ronald V. Wolff President & CEO Bay Medical Center 615 N. Bonita Ave. Panama City, FL 32401-0000

Robert B. Hill President **Bethesda Healthcare System, Inc.** 2815 S. Seacrest Blvd. Boynton Beach, FL 33435-0000 Randolph J. Pierce President/Chief Executive Officer Boca Raton Community Hospital, Inc. 800.Meadows Road Boca Raton, Fl. 33486-0000

Charles A. Blasband Chief Executive Officer Citrus Memorial Hospital 502 Highland Blvd. Inverness, FL 34452-0000 Ron R. Rees – PRESIDENT/CHAIRMAN President & CEO Halifax Community Health System 1041 Dunlawton Avenue, Suite 250 Port Orange, FL 32127-0000

Michael D. Means –VICE CHAIRMAN President & CEO Health First, Inc. 8249 Devereux Drive Melbourne, FL 32940-7955

Jack T. Stephens, Jr.
President/CEO
Lakeland Regional Medical Center
1324 Lakeland Hills Blvd.
Lakeland, FL 33805-0000

Richmond M. Harman Chief Executive Officer Martin Memorial Medical Center 300 Hospital Drive Stuart, FL 34994-0000 Marcus E. Drewa President/CEO Methodist Medical Center 580 W. Eighth Street Jacksonville, FL 32209-0000