FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:44

DOCUMENT # P05459 (3)

1. Corporation Name
SHARED SERVICES FOR SOUTHERN HOSPITALS, INC.

Principal Place of Business	Mailing Address
3200 WINDY HILL ROAD SUITE 1400 WEST MARIETTA GA 30067	3200 WINDY HILL ROAD SUITE 1400 WEST MARIETTA GA 30067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1985
3a. Date of Last Report: 03/29/1994
4. FEI Number: 58-1283547 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3200 Windy Hill Road	26 3200 Windy Hill Road
Suite, Apt. #, etc. 22 Suite 1400 West	Suite, Apt. #, etc. 27 Suite 1400 West
City & State 23 Atlanta GA	City & State 28 Atlanta, GA
Zip 24 30339 Country 25	Zip 29 30339 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORCORAN, PENNY M. 3370 SAVANNAHS TRAIL MERRITT ESLAND FL 32953	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	MULCAY, HOWARD R.	1.2 NAME		
STREET ADDRESS	2500 WINDY RIDGE PKWY	1.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, SANDRA	2.2 NAME		
STREET ADDRESS	2500 WINDY RIDGE PKWY	2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	ANDERSON, LARRY	3.2 NAME	ODELL, FRED	
STREET ADDRESS	P.O. BOX 69 RUIN CREEK ROAD	3.3 STREET ADDRESS	3500 ARENDELL STREET	
CITY-ST-ZIP	HENDERSON NC	3.4 CITY-ST-ZIP	MOREHEAD CITY NC 28557	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HAMMACK, STAN	4.2 NAME		
STREET ADDRESS	5600 GIRBY ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	MOBILE AL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	FLOWERS, CONRAD	5.2 NAME		
STREET ADDRESS	11 S.W. UPPER RIVERDALE ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERALE GA	5.4 CITY-ST-ZIP		
TITLE	C	6.1 TITLE		☐ Change ☐ Addition
NAME	WADE, SANDRA	6.2 NAME		
STREET ADDRESS	326 CALHOUND ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLESTON SC	6.4 CITY-ST-ZIP		

SEE ATTACHED LIST

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)(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.

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

00737710

Shared Services
For Southern Hospitals, Inc.

BOARD OF DIRECTORS
12/9/94

Mr. Stan Hammack (Chairman)
Administrator
USA KNOLLWOOD PARK HOSPITAL
5600 Girby Road
Mobile, AL 36693.....205/660-5120
FAX-205/660-5245

Mr. Fred Odell (Secretary/Treasurer)
Chief Executive Officer
CARTERET GENERAL HOSPITAL
3500 Arendell Street
Morehead City, NC 28557.....919/247-1616
FAX-919/247-1625

Mr. Conrad Flowers
Assistant Administrator
SOUTHERN REGIONAL MEDICAL CENTER
11 Upper Riverdale Road SW
Riverdale, GA 30274.....404/991-8165
FAX-404/997-3304

Mr. Arthur Christie
Director of Finance
HOUSTON MEDICAL CENTER
1601 Watson Boulevard
Warner Robins, GA 31099.....912/922-4281
FAX-912/542-7795

Mr. Neil Copelan
President and Chief Executive Officer
SOUTH FULTON MEDICAL CENTER
1170 Cleveland Avenue
East Point, GA 30344.....404/305-3500
FAX-404/305-3561

Mr. Pat Quick
Director of Materials Management
MEMORIAL MEDICAL CENTER
3625 University Boulevard South
Jacksonville, FL 32216.....904/399-6111
FAX-904/391-1492

Mr. Bob Kimsey
Vice President
MEDICAL CENTER OF CENTRAL GEORGIA
777 Hemlock Street
Macon, GA 31208.....912/633-1000
FAX-912/633-1702

Mr. Max Milford
Assistant Administrator/CFO
TY COBB HEALTHCARE SYSTEM
572 Franklin Springs Street
Royston, GA 30662.....706/245-5034
FAX-706/245-9441

Mr. Philip Clayton
Chief Executive Officer
CONWAY HOSPITAL
P.O. Box 829
Conway, SC 29526-0829.....803/347-7111
FAX-803/347-8056

Ms. Patti Lydon
Materials Manager
JFK MEDICAL CENTER
5301 S. Congress Avenue
Atlantis, FL 33642.....407/965-7300
FAX-407/642-3678

Mr. Bill Jones
Assistant Administrator
RILEY MEMORIAL HOSPITAL
1102 21st Avenue
Meridian, MS 39301.....601/693-2511
FAX-601/484-3155

Mr. Shannon Brown
Chief Executive Officer
BETSY JOHNSON HOSPITAL
800 Tilghman Drive
Dunn, NC 28334.....910/892-7161
FAX-910/892-0723

Mr. Jerry Woodruff
Director of Materials Management
MAGNOLIA HOSPITAL
611 Alcorn Drive
Corinth, MS 38834.....601/286-6961
FAX-601/286-4220

Dr. Ron Daniel
Director of Pharmacy
TIFT GENERAL HOSPITAL
901 East 18th Street
Tifton, GA 31793.....912/386-6298
FAX-912/386-6192

Mr. Art Maurin
Director of Materials Management
THOMAS HOSPITAL
750 Murphy Avenue
Fairhope, AL 36533.....205/928-2375
FAX-205/928-4534

Mr. Ted White
Business Office Manager
JOHN UMSTEAD HOSPITAL
1003 12th Street
Butner, NC 27509.....919/575-7211
FAX-919/575-7013