

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P05459** (3)
1. Corporation Name
SHARED SERVICES FOR SOUTHERN HOSPITALS, INC.

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Principal Place of Business
**3200 WINDY HILL RD
STE 1400 W
ATLANTA GA 30339
US**

Mailing Address
**3200 WINDY HILL RD
1400 W
ATLANTA GA 30339
US**

3. Date Incorporated or Qualified 03/27/1985	3a. Date of Last Report 02/01/1995
4. FEI Number 58-1283547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**CORCORAN, PENNY M.
3370 SAVANNAHS TRAIL
MERRITT ISLAND FL 32953**

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	
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	MULCAY, HOWARD R.
STREET ADDRESS	2500 WINDY RIDGE PKWY
CITY-ST-ZIP	MARIETTA GA
TITLE	V <input type="checkbox"/> DELETE
NAME	GREEN, SANDRA
STREET ADDRESS	2500 WINDY RIDGE PKWY
CITY-ST-ZIP	MARIETTA GA
TITLE	S <input type="checkbox"/> DELETE
NAME	ODELL, FRED
STREET ADDRESS	3500 ARENDELL ST
CITY-ST-ZIP	MOREHEAD CITY NC
TITLE	D <input type="checkbox"/> DELETE
NAME	HAMMACK, STAN
STREET ADDRESS	5600 GIRBY ROAD
CITY-ST-ZIP	MOBILE AL
TITLE	D <input type="checkbox"/> DELETE
NAME	FLOWERS, CONRAD
STREET ADDRESS	11 S.W. UPPER RIVERDALE ROAD
CITY-ST-ZIP	RIVERALE GA
TITLE	ST <input type="checkbox"/> DELETE
NAME	ODELL, FRED
STREET ADDRESS	3500 ARENDELL ST
CITY-ST-ZIP	MOREHEAD CITY NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96

Date

Daytime Phone #

CR2E037 (12/95)

P05459

282

Shared Services Healthcare, Inc.

Executive Committee

2/19/96

Mr. Bob Kimsey (Chairman)

Vice President

MEDICAL CENTER OF CENTRAL GEORGIA

777 Hemlock Street

Macon, GA 31208.....912/633-6942

FAX-912/633-5381

Mr. Shannon Brown (Chairman - Elect)

Chief Executive Officer

BETSY JOHNSON HOSPITAL

800 Tilghman Drive

Dunn, NC 28334.....910/892-2452

FAX-910/892-0723

Mr. Richard Martin (Secretary/Treasurer)

Chief Operating Officer

SATILLA REGIONAL MEDICAL CENTER

410 Darling Avenue

Waycross, GA 31501.....912/287-2503

FAX-912/287-2505

Mr. Bill Jones

Assistant Administrator

RILEY MEMORIAL HOSPITAL

1102 21st Avenue

Meridian, MS 39301.....601/484-3585

FAX-601/484-3155

Mr. Ted White

Business Office Manager

JOHN UMSTEAD HOSPITAL

1003 12th Street

Butner, NC 27509.....919/575-7201

FAX-919/575-7013