

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P11296 (1)

1. Corporation Name

NATIONAL HEALTHCARE OF WASHINGTON COUNTY, INC.

Principal Place of Business

300 GALLERIA PARKWAY, SUITE 650
P.O. BOX 723049
ATLANTA GA 30339-7049

Mailing Address

300 GALLERIA PARKWAY, SUITE 650
P.O. BOX 723049
ATLANTA GA 30339-7049

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/02/1986

3a. Date of Last Report

02/08/1994

4. FEI Number

59-2714705

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

21 155 Franklin Rd

Suite, Apt. #, etc.

22 S 400

City & State

23 Brentwood TN

Zip

24 37027

Country

25 USA

2a. Mailing Address

26 155 Franklin Rd

Suite, Apt. #, etc.

27 S 400

City & State

28 Brentwood TN

Zip

29 37027

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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 terminating.

DATE

12. OFFICERS AND DIRECTORS

TITLE VDS
NAME THORNTON, ROBERT M.JR.
STREET ADDRESS 300 GALLERIA PKWY, #650
CITY-ST-ZIP ATLANTA GA

TITLE AS
NAME ROBINSON, MARIA E.
STREET ADDRESS 300 GALLERIA PKWY, #650
CITY-ST-ZIP ATLANTA GA

TITLE VPT
NAME CLEMENTS, JAMES E
STREET ADDRESS 300 GALLERIA PKWY, #650
CITY-ST-ZIP ATLANTA GA

TITLE D
NAME MCAFFEE, JAMES T. JR.
STREET ADDRESS 300 GALLERIA PKWY, #650
CITY-ST-ZIP ATLANTA GA

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(3)(b), 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 addressee.

SIGNATURE:

Sara Martin-Michels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sara Martin-Michels

2/28/95

615-377-4532

NATIONAL HEALTHCARE OF WASHINGTON COUNTY, INC.

EIN: 59-2714705

The corporation's directors and officers are:

<u>Name</u>	<u>Title</u>	<u>Street Address</u>
Tyree G. Wilburn	Director & Sr. V.P.	155 Franklin Road, # 400 Brentwood, TN 37027
Deborah G. Moffett	Director, V.P. & Treas.	3707 FM 1960 West, # 500 Houston, TX 77068
T. Mark Buford	Director, V.P. & Contr.	3707 FM 1960 West, # 500 Houston, TX 77068
E. Thomas Chaney	President	3707 FM 1960 West, # 500 Houston, TX 77068
Martin S. Rash	Sr. Vice President	155 Franklin Road, # 400 Brentwood, TN 37027
H. David Holbrook	Vice President	155 Franklin Road, # 400 Brentwood, TN 37027
Linda K. Parsons	Secretary	155 Franklin Road, # 400 Brentwood, TN 37027
Sara Martin-Michels	Assistant Secretary	155 Franklin Road, # 400 Brentwood, TN 37027
J. Anthony Van Slyke	Asst Sec & Asst Treas	3707 FM 1960 West, # 500 Houston, TX 77068