

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jul 30 1997 8:00am  
Secretary of State

DOCUMENT # P23666 (1)  
1. Corporation Name  
HALLMARK HEALTHCARE MANAGEMENT CORPORATION



Principal Place of Business  
155 FRANKLIN RD. STE 400  
BRENTWOOD TN 37027  
US

Mailing Address  
155 FRANKLIN RD. STE 400  
BRENTWOOD TN 37027  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/31/1989  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	63-0813392	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

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  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>DVP</del>	1.1 TITLE	D.V.P. T
NAME	<del>WILBURN, TYREE G</del>	1.2 NAME	Barry E. Stewart
STREET ADDRESS	155 FRANKLIN ROAD, #00	1.3 STREET ADDRESS	155 Franklin Rd Suite 400
CITY-ST-ZIP	BRENTWOOD TN	1.4 CITY-ST-ZIP	Brentwood TN 37027
TITLE	<del>DVP</del>	2.1 TITLE	
NAME	<del>MOFFETT, DEBORAH G</del>	2.2 NAME	
STREET ADDRESS	155 FRANKLIN RD. STE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	2.4 CITY-ST-ZIP	
TITLE	DVPC	3.1 TITLE	
NAME	BUFORD, T. M	3.2 NAME	
STREET ADDRESS	155 FRANKLIN RD. STE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	3.4 CITY-ST-ZIP	
TITLE	<del>P</del>	4.1 TITLE	P. CEO
NAME	<del>CHANEY, E. T</del>	4.2 NAME	Wayne T. Smith
STREET ADDRESS	155 FRANKLIN RD. STE 400	4.3 STREET ADDRESS	155 Franklin Rd suite 400
CITY-ST-ZIP	BRENTWOOD TN 37027	4.4 CITY-ST-ZIP	Brentwood TN 37027
TITLE	S	5.1 TITLE	D.V.P. S
NAME	PARSONS, LINDA K	5.2 NAME	
STREET ADDRESS	155 FRANKLIN RD. STE 400	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	MARTIN-MICHELS, SARA	6.2 NAME	
STREET ADDRESS	155 FRANKLIN RD. STE 400	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	6.4 CITY-ST-ZIP	

14. I do 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 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: *Sandra B. Mortham* 7-25-97 615-373-9600

CR2E034 (4/97)