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FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

4. FEI Number
63-0813392

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ 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 Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 607.1506, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVPT
NAME STEWART, BARRY E
STREET ADDRESS 155 FRANKLIN RD STE 400
CITY-ST-ZIP BRENTWOOD TN

TITLE DVPC
NAME BUFORD, T. M
STREET ADDRESS 155 FRANKLIN RD. STE 400
CITY-ST-ZIP BRENTWOOD TN 37027

TITLE PCEO
NAME SMITH, WAYNE T
STREET ADDRESS 155 FRANKLIN RD STE 400
CITY-ST-ZIP BRENTWOOD TN

TITLE DVPS
NAME PARSONS, LINDA K
STREET ADDRESS 155 FRANKLIN RD. STE 400
CITY-ST-ZIP BRENTWOOD TN

TITLE AS
NAME MARTIN-MICHELS, SARA
STREET ADDRESS 155 FRANKLIN RD. STE 400
CITY-ST-ZIP BRENTWOOD TN 37027

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

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 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:

Sara Martin-Michels Asst. Sec.

1-23-98

615-373-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0499048

CR2E034 (10/97)