### FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # P23666

#### HALLMARK HEALTHCARE MANAGEMENT CORPORATION

| District Discount Durch                              | Mailing Address                                      |
|--|--|
| Principal Place of Business                          | *  |
| 155 FRANKLIN RD. STE 400<br>BRENTWOOD TN 37027<br>US | 155 Franklin Rd. Ste 400<br>Brentwood tn 37027<br>US |
| 2. Principal Place of Business                       | 2a. Mailing Address                                  |

Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90109 029 \*\*\*150.00

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|  |  | ,  |             |                               |                              |   |   |   |                          |                          |
|--|--|--|-------------|-------------------------------|------------------------------|---|---|---|--------------------------|--------------------------|
| Principal Place  | e of Business  | Mailing Address  |             |                               |                              |   | ##  |   | 1811 8181) 8181          | )                        |
| 155 FRANKLIN RD. STE 400 BRENTWOOD TN 37027 US  155 FRANKLIN RD. STE 400 BRENTWOOD TN 37027 US  US |  |  |             |                               |                              |   | DO NOT WRI                                  | TE IN THIS                              | SPACE                    |                          |
| 05   |  |  |             | Date Incorporated or Qualifed |                              |   |   |   |                          |                          |
|  |  |  |             |                               |                              | 03/31/19                                  |   |   |                          |                          |
| 2. Principal Pl  | ace of Business  | 2a. Mailing Address  |             |                               |                              | 4. FEI Numbe                              |   |   | <b>⊢</b>                 | Applied For              |
| 21   |  | 26   |             |                               |                              | 63-0813                                   | 392   |   |                          | Not Applicable           |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.  |             |                               |                              | 5. Certifcate of                          | of Status Desired                           |   |                          | Additional<br>Required   |
| City & State   | 9  | City & State   |             |                               |                              | 1 -                                       | mpaign Financing<br>Contribution            | _                                       |                          | May Be<br>d to Fees      |
| Zip  | Country  | Zip  | Coun        | try                           |                              | 8. This corpor                            | ration owes the curr                        | ent year Int                            | angible                  |                          |
| 24   | 25   | 29 30  |             |                               |                              | Totalian Topony Taxi                      |   | ☐ Yes                                   | □No                      |                          |
| =;'∟   | 9. Name and Address of Current   | Registered Agent   |             |                               |                              | 10. Name and                              | Address of New I                            | Registered                              | Agent                    |                          |
|  |  |  | 8           | 81                            | Name                         |   |   |   |                          |                          |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET   |  |  | 1           | B2                            | Street Addre                 | ess (P.O. Box Nu                          | mber is Not Accept                          | able)                                   |                          |                          |
|  | AHASSEE FL 32301   |  | 1           | B3                            |                              |   |   |   |                          |                          |
|  |  |  | 1           | B4                            | City                         |   |   |   | 85 Zij                   | p Code                   |
|  |  |  |             |                               | •                            |   |   | FL                                      |                          |                          |
| office or re   | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State o<br>m familiar with, and accept the obligati | if Florida. Such change was auth   | iorized I   | by tr                         | named corpo<br>ne corporatio | oration submits the<br>n's board of direc | is statement for the<br>tors. I hereby acce | purpose of<br>pt the appo               | changing i<br>intment as | ts registered registered |
| SIGNATURE  |  |  |             |                               |                              |   |   | DATE                                    |                          |                          |
|  | Signature, typed or printed name of registered agent OFFICERS AND  | Contract (Contract (Contra | egistered A | gent s                        |                              | when reinstating)                         | /CHANGES TO OF                              | EICEDS A                                | ND DIRECT                | TORS IN 12               |
| 12.  | DVPT OPPICERS AND  | DELETE   | 1.1 TITL    | F                             |                              | 1 1                                       | ument for<br>Officers                       | , | [ Change                 | e Addition               |
| TITLE  | STEWART, BARRY E   |  | 1.2 NAM     |                               | IS                           | ee attacl                                 | ument you                                   | `                                       |                          | _                        |
| NAME   | 155 FRANKLIN RD STE 400  |  |             |                               | ADDRESS .                    | nous                                      | Officers                                    | ई के।                                   | rector                   | 3                        |
| STREET ADDRESS   | BRENTWOOD TN   |  | 1.4 CITY    |                               |                              | _ '                                       | 01100.2                                     | •                                       |                          |                          |
| CITY-ST-ZIP  | DVPC \   | DELETE   | 2.1 TITL    |                               | <u> </u>                     |   | ,   |   | ☐ Change                 | e Addition               |
| TITLE  | BUFORD, T. M   |  | 2.2 NAV     |                               |                              |   |   |   |                          | }                        |
| NAME   | 155 FRANKLIN RD. STE 400   |  | l           |                               | NODRESS .                    |   |   |   |                          | İ                        |
| STREET ADDRESS   | BRENTWOOD TN 37027   |  | 2.4 CIT     |                               |                              |   |   | •                                       | •                        |                          |
| CITY-ST-ZIP  | PCEO NOOE IN 37027   | ☐ DELETE   | 3.1 TITL    |                               | -ZIF                         | ***                                       |   |   | ☐ Change                 | e Addition               |
| NAME   | SMITH, WAYNE T   | <i>_</i>   | 3.2 NAM     |                               | _                            |   | - •   | •                                       | •                        |                          |
| STREET ADDRESS   | 155 FRANKLIN RD STE 400  | ,  |             | _                             | ADDRESS                      |   |   |   |                          |                          |
| CITY-ST-ZIP  | BRENTWOOD TN   |  | 3.4. CIT    |                               |                              |   |   |   |                          | ì                        |
| IIILE  | DVPS   | ☐ DELETE   | 4.1 TITL    | _                             |                              |   |   |   | Chang                    | e Addition               |
| NAME   | PARSONS LINDA K X  |  | 4. 2 NA     | ME                            | ĺ                            |   | ,   |   |                          |                          |
| STREET ADDRESS   | 155 FRANKLIN RD. STE 400   |  | 4.3 STR     | EET A                         | ADORESS                      |   |   |   |                          |                          |
| CITY-ST-ZIP  | BRENTWOOD TN   |  | 4.4 CITY    |                               |                              |   |   |   |                          |                          |
| TITLE  | AS \   | X DELETE   | 5.1 TITL    |                               | A-                           | 5   | 1   |   | ☐ Chang                  | e 🔀 Addition             |
| NAME   | MARTIN-MICHELS, SARA   | 1.   | 5.2 NAM     |                               | Vi                           | raina D                                   | Lancaste<br>lin Rd. Sui<br>Dd. TN 3         | r                                       |                          | •                        |
| STREET ADDRESS   | 155 FRANKLIN RD. STE 400   | \  | 5.3 STR     | EET A                         | ADDRESS /                    | 35 Frank                                  | lin Rd. Sui                                 | tc 40                                   | D                        | 1                        |
| CITY-ST-ZIP  | BRENTWOOD TN 37027   |  | 5.4 CITY    | Y-ST-                         | ZIP A                        | contwo                                    | od. TNI 3                                   | 37027                                   | ·                        |                          |
| TITLE  | 2.2  | DELETE   | 6.1 TITL    | E                             |                              | 1 1-11-1                                  | 1   |   | ☐ Chang                  | e Addition               |
| NAME   | /  |  | 6.2 NAM     | Æ                             |                              |   |   |   |                          | 1                        |
| STREET ADDRESS   | /  | \  | 6.3 STR     | EET A                         | ADDRESS                      |   |   |   |                          |                          |
| CITY-ST-7IP  | /  |  | 64 CITY     | Y-ST-                         | ZIP                          |   |   |   |                          | 1                        |

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 officezer or director of the corporation or the receiver or truestoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with any address, with all other like empowered.

24/65290109-29 P23666

## HALLMARK HEALTHCARE MANAGEMENT CORPORATION

#### **Board of Directors:**

Wayne T. Smith W. Larry Cash Rachel A. Seifert

#### Additional Officers:

| Name<br>Wayne Smith   | <u>Title</u><br>President/CEO              | Address<br>155 Franklin Road, Suite 400<br>Brentwood, TN 37027 |
|-----------------------|--|--|
| W. Larry Cash         | Exec. Vice President & CFO                 | 155 Franklin Road, Suite 400<br>Brentwood, TN 37027            |
| Rachel A. Seifert     | Vice President<br>& Secretary              | 155 Franklin Road, Suite 400<br>Brentwood, TN 37027            |
| Martin G. Schweinhart | Vice President<br>Operations               | 155 Franklin Road, Suite 400<br>Brentwood, TN 37027            |
| Robert E. Hardison    | Vice President<br>Acquisitions & Dev.      | 155 Franklin Road, Suite 400<br>Brentwood, TN 37027            |
| Barry E. Stewart      | Vice President<br>Finance/Treasurer        | 155 Franklin Road, Suite 400<br>Brentwood, TN 37027            |
| T. Mark Buford        | Vice President<br>Controller               | 155 Franklin Road, Suite 400<br>Brentwood, TN 37027            |
| Robert A. Horrar      | Vice President<br>Administration           | 155 Franklin Road, Suite 400<br>Brentwood, TN 37027            |
| Linda K. Parsons      | Vice President<br>Human Resources          | 155 Franklin Road, Suite 400<br>Brentwood, TN 37027            |
| Carolyn S. Lipp       | Vice President<br>Quality & Resource Mgmt. | 155 Franklin Road, Suite 400<br>Brentwood, TN 37027            |
| Virginia D. Lancaster | Assistant Secretary                        | 155 Franklin Road, Suite 400<br>Brentwood, TN 37027            |