

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P23666**

1. Entity Name

HALLMARK HEALTHCARE MANAGEMENT CORPORATION**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90198 021 ***150.00

LUUL2780

DO NOT WRITE IN THIS SPACE

Principal Place of Business 155 FRANKLIN RD. STE 400 BRENTWOOD TN 37027 US	Mailing Address 155 FRANKLIN RD. STE 400 BRENTWOOD TN 37027 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 63-0813392	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LANCASTER, VIRGINIA D 155 FRANKLIN RD., SUITE 400 BRENTWOOD TN 37027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, WAYNE 155 FRANKLIN RD. STE 400 BRENTWOOD TN 37027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CASH, W LARRY 155 FRANKLIN ROAD, SUITE 400 BRENTWOOD TN 37027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SELFERT, RACHEL A 155 FRANKLIN RD. STE 400 BRENTWOOD TN 37027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO SCHWEINHART, MARTIN G 155 FRANKLIN RD. STE 400 BRENTWOOD TN 37027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARDISON, ROBERT E 155 FRANKLIN ROAD, SUITE 400 BRENTWOOD TN 37027 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rachel A. Seifert* x Rachel A. Seifert 1/8/01 615-377-4491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Hallmark Healthcare Management Corporation
Addendum to Annual Report

Attachment
C661278D
P23666

Additional Officers:

Office:	Name/Address:
V	Mark Buford (Vice President, Controller)
V	Robert A. Horrar, 155 Franklin Road, Suite 400, Brentwood, TN 37027 (Vice President, Administration)
V	Linda K. Parsons, 155 Franklin Road, Suite 400, Brentwood, TN 37027 (Vice President, Human Resources and Director)
V	Carolyn S. Lipp, 155 Franklin Road, Suite 400, Brentwood, TN 37027 (Vice President, Quality and Resource Management)