2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P23666

FILED Jan 09, 2002 Secretary of State

Entity Name: HALLMARK HEALTHCARE MANAGEMENT CORPORATION

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
	KLIN RD. STE 400 DOD, TN 37027	US		
Current Mailing Address:		New Maili	New Mailing Address:	
	KLIN RD. STE 400 DOD, TN 37027	US		
FEI Number:	: 63-0813392 FEI	Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()
Name and	Address of Curre	nt Registered Agent:	Name and	Address of New Registered Agent:
1201 HAYS	ATION SERVICE CO S STREET SSEE, FL 32301	DMPANY US		
	named entity subm e of Florida.	its this statement for the p	urpose of changing i	ts registered office or registered agent, or both,
SIGNATUF				
	Electronic Sig	gnature of Registered Age	nt	Date
Election Car	npaign Financing Trus	fy its Intangible Tax filing req t Fund Contribution ().		
OFFICERS	S AND DIRECTORS	o:		IS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	AS () Delete LANCASTER, VIRGIN 155 FRANKLIN RD., S BRENTWOOD, TN 37	IA D SUITE 400	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PD () Delete CASH, W LARRY 155 FRANKLIN ROAD BRENTWOOD, TN 37	, SUITE 400	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VSD () Delete SELFERT, RACHEL A 155 FRANKLIN RD. S BRENTWOOD, TN 37	TE 400	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VPOD () Delete SCHWEINHART, MAR 155 FRANKLIN RD. S BRENTWOOD, TN 37	TIN G TE 400	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () Delete HARDISON, ROBERT 155 FRANKLIN ROAD BRENTWOOD, TN 37	E , SUITE 400	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	() Delete	e	Title: Name:	AS () Change (X) Addition CONNELLY, SHERRY A ASST SE

Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY CONNELLY AS 01/09/2002

CAROLYN LIPP, VP QUAL & RESOURCE MGMT 155 FRANKLIN ROAD SUITE 400 BRENTWOOD, TN 37027

LINDA PARSONS, VP HUMAN RESOURCES 155 FRANKLIN ROAD SUITE 400 BRENTWOOD, TN 37027

ROBERT A. HORRAR, VP ADMINISTRATION 155 FRANKLIN ROAD SUITE 400 BRENTWOOD, TN 37027

MARK BUFORD, VP & CONTROLLER 155 FRANKLIN ROAD SUITE 400 BRENTWOOD, TN 37027

JAMES DOUCETTE, VP & TREASURER 155 FRANKLIN ROAD SUITE 400 BRENTWOOD, TN 37027