FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29521** **(2)**

1. Corporation Name
AMERICAN HEALTHCARE MANAGEMENT DEVELOPMENT COMPA NY

Principal Place of Business	Mailing Address
660 AMERICAN AVE., SUITE 200 P.O. BOX 1509 KING OF PRUSSIA PA 19406	660 AMERICAN AVE., SUITE 200 P.O. BOX 1509 KING OF PRUSSIA PA 19406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1990
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business	2a. Mailing Address
21 3401 West End Ave	26 3401 West End Ave.
Suite, Apt. #, etc. 22 Ste. 700	Suite, Apt. #, etc. 27 Ste. 700
City & State 23 Nashville, TN	City & State 28 Nashville, TN
Zip 24 37203 Country 25 USA	Zip 29 37203 Country 30 USA

4. FEI Number: 75-1743650 ☐ 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D/P/CEO/COO	☒ Change ☒ Addition
NAME	VOLLA, STEVEN	12 NAME	Donald J. Amaral	
STREET ADDRESS	660 AMERICAN AVE STE 200	13 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY ST ZIP	KING OF PRUSSIA PA	14 CITY ST ZIP	Nashville, TN 37203	
TITLE	VSD	21 TITLE	D/EVP/CFO	☒ Change ☒ Addition
NAME	DUBBS, ROBERT	22 NAME	Keith B. Pitts	
STREET ADDRESS	660 AMERICAN AVE STE 200	23 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY ST ZIP	KING OF PRUSSIA PA	24 CITY ST ZIP	Nashville, TN 37203	
TITLE	TD	31 TITLE	D/V/S	☒ Change ☒ Addition
NAME	COLBURN, BRUCE J.	32 NAME	Ronald P. Soltman	
STREET ADDRESS	660 AMERICAN AVE STE 200	33 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY ST ZIP	KING OF PRUSSIA PA	34 CITY ST ZIP	Nashville, TN 37203	
TITLE		41 TITLE	V	☐ Change ☒ Addition
NAME		42 NAME	Richard A. Parr II	
STREET ADDRESS		43 STREET ADDRESS	3401 West End Ave Ste. 700	
CITY ST ZIP		44 CITY ST ZIP	Nashville, TN 37203	
TITLE		51 TITLE	T/V/AS	☐ Change ☒ Addition
NAME		52 NAME	Russell F. Tannies	
STREET ADDRESS		53 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY ST ZIP		54 CITY ST ZIP	Nashville, TN 37203	
TITLE		61 TITLE	AS	☐ Change ☒ Addition
NAME		62 NAME	Karen H. Abbott	
STREET ADDRESS		63 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY ST ZIP		64 CITY ST ZIP	Nashville, TN 37203	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Karen H. Abbott Karen H. Abbott 4/20/95 615-383-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002176 CP