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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P38505 (4)

1. Corporation Name

CORNERSTONE HEALTH MANAGEMENT COMPANY

Principal Place of Business

**3333 LEE PARKWAY
SUITE 900
DALLAS TX 75219
US**

Mailing Address

**P.O. BOX 630398
DALLAS TX 75265-0398**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/27/1992

3a. Date of Last Report

02/23/1994

4. FEI Number

75-2339430

Applied For

Not Applicable

5. Certificate of Status Desired

**\$0.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	JOHNSTON, DENNIS G.
STREET ADDRESS	5060 SPECTRUM DRIVE
CITY - ST - ZIP	DALLAS TX
TITLE	V
NAME	CUJLA, DON S.
STREET ADDRESS	3333 LEE PARKWAY, #900
CITY - ST - ZIP	DALLAS TX
TITLE	VSD
NAME	BALDWIN, STANLEY F.
STREET ADDRESS	3333 LEE PARKWAY, #900
CITY - ST - ZIP	DALLAS TX
TITLE	VTD
NAME	SCHLECK, THOMAS T.
STREET ADDRESS	3333 LEE PARKWAY, #900
CITY - ST - ZIP	DALLAS TX
TITLE	D
NAME	GEORGE, KENN S.
STREET ADDRESS	3333 LEE PARKWAY, #900
CITY - ST - ZIP	DALLAS TX
TITLE	D
NAME	JACKSON, CHARLES L.
STREET ADDRESS	3333 LEE PARKWAY, #900
CITY - ST - ZIP	DALLAS TX

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(b), 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:

Philip D. Wheeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip D. Wheeler 4/14/95 615/298-6224
(Date) (Signature) (Phone #)

38505

CORNERSTONE HEALTH MANAGEMENT COMPANY

OFFICERS:

CEO: W. Hudson Connery, Jr.
President: Dennis G. Johnston
Vice-President and
Asst. Treasurer: Michael A. Koban, Jr.
Vice-President: Timothy J. Schweikhard
Vice-President: Richard E. Francis, Jr..
Vice-President: Kenneth C. Donahey
Vice-President: R. Milton Johnson
Vice-President: William L. Hough
Vice-President and
Treasurer: Glenn D. Davis
Secretary: Philip D. Wheeler
Asst. Secretary: Linn H. McCain, III
Asst. Secretary: Michelle B. Rutta
Asst. Secretary: Diane A. Sheffield
Asst. Secretary: Donald Street
Asst. Secretary: Julia A. Trotter

DIRECTORS:

Yolanda D. Chesley
Glenn D. Davis
R. Milton Johnson
Dennis Johnston
Timothy J. Schweikhard

ADDRESS

4525 Harding Road
Nashville, TN 37205