

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

FILED

**Feb 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P38505 (4)
1. Corporation Name
CORNERSTONE HEALTH MANAGEMENT COMPANY



Principal Place of Business Mailing Address
5080 SPECTRUM DR STE 920W DALLAS TX 75348 US
ONE RAVINIA DR STE 1500 ATLANTA GA 30346-2103

3. Date Incorporated or Qualified **04/27/1992** 3a. Date of Last Report **12/17/1996**

2. Principal Place of Business 2b. Mailing Address

4. FEI Number **75-2339430** Applied For Not Applicable

21. State, Apt. #, etc. 26. Suite Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. Zip Country 25. Country 29. Zip Country 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|--|
| TITLE | P <input checked="" type="checkbox"/> DELETE |
| NAME | JOHNSTON, DENNIS |
| STREET ADDRESS | 5080 SPECTRUM DRIVE, STE 920W |
| CITY-ST-ZIP | DALLAS TX 75248 |
| TITLE | VSD <input type="checkbox"/> DELETE |
| NAME | BENTON, EVRETT W |
| STREET ADDRESS | ONE RAVINIA DR., STE 1500 |
| CITY-ST-ZIP | ATLANTA GA 30346 |
| TITLE | VT <input checked="" type="checkbox"/> DELETE |
| NAME | CANNON, DOUG |
| STREET ADDRESS | 5080 SPECTRUM DR., STE 920W |
| CITY-ST-ZIP | DALLAS TX 75248 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | ATHANS, SCOTT |
| STREET ADDRESS | ONE RAVINIA DR., STE 1500 |
| CITY-ST-ZIP | ATLANTA GA 30346 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | SCHNEIDER, JERRY |
| STREET ADDRESS | ONE RAVINIA DR., STE 1500 |
| CITY-ST-ZIP | ATLANTA GA 30346 |
| TITLE | AS <input type="checkbox"/> DELETE |
| NAME | DAY, M. HENRY JR |
| STREET ADDRESS | ONE RAVINIA DR., STE 1500 |
| CITY-ST-ZIP | ATLANTA GA 30346 |

| | |
|--------------------|---|
| 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 | President & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | Treasurer <input type="checkbox"/> Change <input checked="" 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 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: *E. Benton* **Evrett W. Benton** 2/7/97 770.673.2504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0010070

CR2E034 (9/96)