

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

FILED

Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P38505** (4)  
1. Corporation Name  
**CORNERSTONE HEALTH MANAGEMENT COMPANY**

Principal Place of Business <b>5080 SPECTRUM DR STE 820W DALLAS TX 75348 US</b>	Mailing Address <b>ONE RAVINIA DR STE 1500 ATLANTA GA 30346</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/27/1992**

4. FEI Number

**75-2339430**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 filer, if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BENTON, EVRETT W</b>	
STREET ADDRESS	<b>ONE RAVINIA DR., STE 1500</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30346</b>	
TITLE	<b>PCEO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ATHANS, SCOTT</b>	
STREET ADDRESS	<b>ONE RAVINIA DR., STE 1500</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHNEIDER, JERRY</b>	
STREET ADDRESS	<b>ONE RAVINIA DR., STE 1500</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAY, M. HENRY JR</b>	
STREET ADDRESS	<b>ONE RAVINIA DR., STE 1500</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30346</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Dennis Johnston</b>	
1.3 STREET ADDRESS	<b>One Ravinia Drive, Suite 1500</b>	
1.4 CITY-ST-ZIP	<b>Atlanta, GA 30346</b>	
2.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Doug Cannon</b>	
2.3 STREET ADDRESS	<b>One Ravinia Drive, Suite 1500</b>	
2.4 CITY-ST-ZIP	<b>Atlanta, GA 30346</b>	
3.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Stefano Miele</b>	
3.3 STREET ADDRESS	<b>One Ravinia Drive, Suite 1500</b>	
3.4 CITY-ST-ZIP	<b>Atlanta, GA 30346</b>	
4.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Sydney K. Boone, Jr.</b>	
4.3 STREET ADDRESS	<b>One Ravinia Drive, Suite 1500</b>	
4.4 CITY-ST-ZIP	<b>Atlanta, GA 30346</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Charles B. Carden</b>	
5.3 STREET ADDRESS	<b>One Ravinia Drive, Suite 1500</b>	
5.4 CITY-ST-ZIP	<b>Atlanta, GA 30346</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Susan Thomas Whittle</b>	
6.3 STREET ADDRESS	<b>One Ravinia Drive, Suite 1500</b>	
6.4 CITY-ST-ZIP	<b>Atlanta, GA 30346</b>	

14. 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 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:

*[Signature]* 1/18/98 770.393.0199

CR2E034 (10/97)