

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P39658 (0)**

1. Corporation Name  
**COORDINATED HEALTHCARE MANAGEMENT, INC.**



Principal Place of Business: **301 SOUTH MCDOWELL STREET SUITE 500 CHARLOTTE NC 28204-2622**  
Mailing Address: **301 SOUTH MCDOWELL STREET SUITE 500 CHARLOTTE NC 28204-2622**

2. Principal Place of Business: **21 210 South White Street**  
22. Suite, Apt. #, etc.  
23. City & State: **Lancaster, SC**  
24. Zip: **29720** 25. Country: **USA**  
2a. Mailing Address: **26 P.O. Box 610**  
27. Suite, Apt. #, etc.  
28. City & State: **Lancaster, SC**  
29. Zip: **29721-0610** 30. Country: **USA**

3. Date Incorporated or Qualified: **07/15/1992** 3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **56-1748024** 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code: **FL**

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 (Required: Registered Agent Signature required when re-electing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>DC</b>	NAME: <b>JOHNSON, STANLEY D.</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>210 SOUTH WHITE ST.</b>	CITY-ST-ZIP: <b>LANCASTER SC</b>	1.2 NAME:
TITLE: <b>DP</b>	NAME: <b>TILLOTSON, JAMES L.</b>	1.3 STREET ADDRESS:
STREET ADDRESS: <b>210 SOUTH WHITE ST.</b>	CITY-ST-ZIP: <b>LANCASTER SC</b>	1.4 CITY-ST-ZIP:
TITLE: <b>S</b>	NAME: <b>THOMAS, THOMAS W.</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>210 SO. WHITE ST.</b>	CITY-ST-ZIP: <b>LANCASTER SC</b>	2.2 NAME:
TITLE: <b>T</b>	NAME: <b>MATTHEWS, ROBERT E.</b>	2.3 STREET ADDRESS:
STREET ADDRESS: <b>210 SO. WHITE ST.</b>	CITY-ST-ZIP: <b>LANCASTER SC</b>	2.4 CITY-ST-ZIP:
TITLE: <b>AVP</b>	NAME: <b>LONGMIRE, PATRICIA L.</b>	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>210 S WHITE ST</b>	CITY-ST-ZIP: <b>LANCASTER SC</b>	3.2 NAME:
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:
CITY-ST-ZIP:	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:
CITY-ST-ZIP:	STREET ADDRESS:	4.3 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:
CITY-ST-ZIP:	TITLE: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	NAME:	5.2 NAME:
CITY-ST-ZIP:	STREET ADDRESS:	5.3 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:
CITY-ST-ZIP:	TITLE: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	NAME:	6.2 NAME:
CITY-ST-ZIP:	STREET ADDRESS:	6.3 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:

**500001750206**  
**-03/20/96--01002--014**  
**\*\*\*200.00**

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)(k), 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: *Thomas W. Thomas* **THOMAS, W. THOMAS** Date: **3/8/96** Daytime Phone #: **803-283-5305**

CR2E034 (12/95)