

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 Mailing Address  
**301 SOUTH MCDOWELL STREET** **301 SOUTH MCDOWELL STREET**  
**SUITE 500** **SUITE 500**  
**CHARLOTTE NC 28204-2622** **CHARLOTTE NC 28204-2622**

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

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

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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 title, if applicable

(If filer is Registered Agent Signature required when re-filing)

DATE

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

**500001750275**  
**-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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96 803-283-5305

Date Daytime Phone #

CR2E034 (12/95)