

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

1-2

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000078290 (1)**

1. Corporation Name

ALTACARE OF FLORIDA, INC.



Principal Place of Business

Mailing Address

**3401 WEST END AVE.
SUITE 500
NASHVILLE TN 37203**

**3401 WEST END AVE.
SUITE 500
NASHVILLE TN 37203**

3. Date Incorporated or Qualified
10/25/1994

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

62-1583203

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

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
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 sign-officer or director

2001 Florida Registered Agents receive their registration

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRYANT, TOMMY W.	
STREET ADDRESS	3401 W END AVE, STE 500	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	COO	<input checked="" type="checkbox"/> DELETE
NAME	BAIRSTOW, JEFFREY J.	
STREET ADDRESS	3401 W END AVE, STE 500	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARLSON, CHERRYL W.	
STREET ADDRESS	3401 W END AVE, STE 500	
CITY-ST-ZIP	NASHVILLE TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	SEE ATTACHED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SEE ATTACHED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SEE ATTACHED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SEE ATTACHED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SEE ATTACHED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	SEE ATTACHED	<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)(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: John Edmunds **John Edmunds, Secretary**

4/22/95
DATE

615-383-0376
Daytime Phone #

CR2E034 (12/95)

2-2

AltaCare of Florida, Inc.
FEI # 62-1583203

Document # P94000078290 (1)

AltaCare of Florida, Inc.

BOARD OF DIRECTORS

H. Neil Campbell
3401 West End Avenue, Suite 500
Nashville, TN 37203

Bill R. Vickers
3401 West End Avenue, Suite 500
Nashville, TN 37203

OFFICERS

H. Neil Campbell, President / CEO
3401 West End Avenue, Suite 500
Nashville, TN 37203

Bill R. Vickers, Sr. Vice President / COO
3401 West End Avenue, Suite 500
Nashville, TN 37203

John C. Edmunds, Vice President / Secretary
3401 West End Avenue, Suite 500
Nashville, TN 37203