

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

FILED
Jan 30 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 # P96000077045 (8)
 1. Corporation Name
HOLMES COUNTY CLINIC CORP.



Principal Place of Business 401 EAST BYRD AVE. BONIFAY FL 32425 US	Mailing Address 155 FRANKLIN RD #400 BRENTWOOD TN 37027 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 09/17/1996	
4. FEI Number 59-3401453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CHANEY, THOMAS E	
STREET ADDRESS	155 FRANKLIN RD #400	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BACON, ERNEST	
STREET ADDRESS	155 FRANKLIN RD #400	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BUFORD, MARK T	
STREET ADDRESS	155 FRANKLIN RD #400	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	PARSONS, LINDA K	
STREET ADDRESS	155 FRANKLIN RD #400	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	STEWART, BARRY E	
STREET ADDRESS	155 FRANKLIN RD #400	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MARTIN-MICHELS, SARA	
STREET ADDRESS	155 FRANKLIN RD #400	
CITY-ST-ZIP	BRENTWOOD TN 37027	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wayne T. Smith	
1.3 STREET ADDRESS	155 Franklin Rd., Suite 400	
1.4 CITY-ST-ZIP	Brentwood, TN 37027	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David L. Miller	
2.3 STREET ADDRESS	155 Franklin Rd, Suite 400	
2.4 CITY-ST-ZIP	Brentwood, TN 37027	
3.1 TITLE	Asst. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Terry H. Hendon	
3.3 STREET ADDRESS	155 Franklin Rd, Suite 400	
3.4 CITY-ST-ZIP	Brentwood, TN 37027	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<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 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 _____ DATE **1-23-98** **116-273-9600**

CR2E034 (10/97)