

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90109 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000077045

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1996

4. FEI Number

59-3401453

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRES	<input type="checkbox"/> DELETE
NAME	WAYNE T SMITH	
STREET ADDRESS	155 FRANKLIN RD STE 400	
CITY-ST-ZIP	BRENTWOOD FL 37027 TN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAVID L MILLER	
STREET ADDRESS	155 FRANKLIN RD STE 400	
CITY-ST-ZIP	BRENTWOOD FL 37027 TN	
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	VPTD	<input type="checkbox"/> DELETE
NAME	STEWART, BARRY E	
STREET ADDRESS	155 FRANKLIN RD #400	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN-MICHELS, SARA	
STREET ADDRESS	155 FRANKLIN RD #400	
CITY-ST-ZIP	BRENTWOOD TN 37027	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	See attachment for new officers & Directors
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS Virginia D. Lancaster
6.3 STREET ADDRESS	155 Franklin Rd. Suite 400
6.4 CITY-ST-ZIP	Brentwood, TN 37027

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, with all other like empowered.

SIGNATURE:

Virginia D. Lancaster
VIRGINIA D. LANCASTER

1/22/99 615-377-4532

Date

Daytime Phone #

CR2E034 (11/98)

241647-90109-24
P96000077045

Robert O. Horrar	Assistant Vice President Bus. Development & Managed Care	155 Franklin Road, Suite 400 Brentwood, TN 37027
Larry Carlton	Assistant Vice President Revenue Management	155 Franklin Road, Suite 400 Brentwood, TN 37027
Virginia D. Lancaster	Assistant Secretary	155 Franklin Road, Suite 400 Brentwood, TN 37027