

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

FILED  
Apr 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000047729 (3)

1. Corporation Name

CCS/ALTACARE OF FLORIDA, INC.

Principal Place of Business  
805 SOUTH CHURCH STREET  
MURFREESBORO TN 37133

Mailing Address  
805 SOUTH CHURCH STREET  
MURFREESBORO TN 37133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/30/1997

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	3401 West End Ave.	26	3401 West End Ave.	62-1708038		Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22	Suite 500	27	Suite 500	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23	Nashville, TN	28	Nashville, TN				
Zip	Country	Zip	Country				
24	37203	25	USA	29	37203	30	USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See Attached	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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	

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:

*[Signature]*

Secretary

4/17/98

615-383-0376

CR2E034 (10/97)

Fed. ID #62-1708038

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**CCS / ALTACARE OF FLORIDA, INC.  
BOARD OF DIRECTORS**

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

William J Ballard  
3401 West End Avenue, Suite 500  
Nashville, TN 37203

Alfred J. Smith  
3401 West End Avenue, Suite 500  
Nashville, TN 37203

Donald B. Whitfield  
3401 West End Avenue, Suite 500  
Nashville, TN 37203

**OFFICERS**

William J Ballard, Chairman  
3401 West End Avenue, Suite 500  
Nashville, TN 37203

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

Alfred J. Smith, Senior Vice President  
3401 West End Avenue, Suite 500  
Nashville, TN 37203

Donald B. Whitfield, Treasurer  
3401 West End Avenue, Suite 500  
Nashville, TN 37203

X John Edmunds, Secretary  
3401 West End Avenue, Suite 500  
Nashville, TN 37203