

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

| | | | |
|--|--|---|---|
| 2 Principal Place of Business 21 3401 West End Ave. Suite, Apt #, etc. 22 Suite 500 City & State 23 Nashville, TN Zip 24 37203 | 2a. Mailing Address 26 3401 West End Ave. Suite, Apt #, etc. 27 Suite 500 City & State 28 Nashville, TN Zip 29 37203 | 3. Date Incorporated or Qualified 05/30/1997 | 4. FEI Number 62-1708038 |
|--|--|---|---|

| | |
|--|---------------------------------------|
| 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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 |
| 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | See Attached |
| 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 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 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 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: *[Signature]* Secretary *[Signature]* 615-383-0376

CR2E034 (10/97)

**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