FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005675 (3)

1. Corporate Name
HEALTHCORP OF TENNESSEE, INC.

Principal Place of Business
900 JAMES BUILDING
735 BROAD STREET
CHATTANOOGA TN 37402

Mailing Address
900 JAMES BUILDING
735 BROAD STREET
CHATTANOOGA TN 37402

DO NOT WRITE IN THIS SPACE

3. Date Principal Place of Business Changed: 11/01/1994
3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 62-1500283
Applied For
Not Applicable

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City, State
23

City, State
28

6. Elected Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 25 29 30

8. This corporation has been/will be changed (see s. 607.1501, Florida Statutes) ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION
417 E. VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1501, 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. The corporation is authorized by the corporation's board of directors to make this change. To the best of my knowledge, the above named agent is familiar with and accepts the obligations of section 607.0505, Florida Statutes.

SIGNATURE:

12.	OFFICER AND DIRECTOR DATA	13.	ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	HAYES, T F	NAME	
STREET ADDRESS	900 JAMES BUILDING, 735 BROAD STREET	STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN 37402	CITY-ST-ZIP	
TITLE	EVAS	TITLE	COO ☒ Change ☐ Addition
NAME	DEAN, GAIL	NAME	Glass, Roger W.
STREET ADDRESS	900 JAMES BUILDING, 735 BROAD STREET	STREET ADDRESS	900 James Bldg., 735 Broad St.
CITY-ST-ZIP	CHATTANOOGA TN 37402	CITY-ST-ZIP	Chattanooga, TN 37402
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	GESELBRACHT, KIM G	NAME	
STREET ADDRESS	900 JAMES BUILDING, 735 BROAD STREET	STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN 37402	CITY-ST-ZIP	
TITLE	AS	TITLE	☐ Change ☐ Addition
NAME	ROGERS, JAMES C	NAME	
STREET ADDRESS	900 JAMES BUILDING, 735 BROAD STREET	STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN 37402	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	NEWTON, CAROL	NAME	
STREET ADDRESS	900 JAMES BUILDING, 735 BROAD STREET	STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN 37402	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. To the best of my knowledge, this report complies with the laws applicable to it, including Chapter 607, Florida Statutes. I further certify that the corporation has paid, or will pay, all applicable fees. I am aware that false information submitted in a document to the Department of State is a violation of section 817.155, Florida Statutes. I am the president, chairman, vice president, or other officer or director of the corporation or receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; or the authorized representative of a limited liability company as required by Chapter 608, Florida Statutes.

SIGNATURE: T. Farrell Hayes T. Farrell Hayes, Chairman 5/1/95 615-267-8406
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING ABOVE DATE DAYTIME TELEPHONE NUMBER

0475949 FP