

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000005675 (3)
1. Corporation 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**

3. Date Incorporated or Qualified
11/01/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
62-1500283

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

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 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

Signature of the person to be appointed as registered agent

Signature of the registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAYES, T F	
STREET ADDRESS	900 JAMES BUILDING, 735 BROAD STREET	
CITY- ST- ZIP	CHATTANOOGA TN 37402	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	GLASS, ROGER	
STREET ADDRESS	900 JAMES BUILDING, 735 BROAD STREET	
CITY- ST- ZIP	CHATTANOOGA TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GESELBRACHT, KIM G	
STREET ADDRESS	900 JAMES BUILDING, 735 BROAD STREET	
CITY- ST- ZIP	CHATTANOOGA TN 37402	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROGERS, JAMES C	
STREET ADDRESS	900 JAMES BUILDING, 735 BROAD STREET	
CITY- ST- ZIP	CHATTANOOGA TN 37402	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NEWTON, CAROL	
STREET ADDRESS	900 JAMES BUILDING, 735 BROAD STREET	
CITY- ST- ZIP	CHATTANOOGA TN 37402	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 recorder 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: *Carol W. Newton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1996

CR2E034 (12/95)