

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Aug 05 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 # F97000003635 (6)  
 1. Corporation Name

KANAWHA HEALTHCARE, INC.



Principal Place of Business: 4609 OLD COURSE RD CHARLOTTE NC 28277  
 Mailing Address: 4609 OLD COURSE RD CHARLOTTE NC 28277

DO NOT WRITE IN THIS SPACE

|   |                    |                     |             |   |  |
|---|--------------------|---------------------|-------------|---|--|
| 2. Principal Place of Business  |                    | 2a. Mailing Address |             | 3. Date Incorporated or Qualified   |  |
| 21  | 210 S White Street | 26                  | P.O Box 610 | 07/11/1997  |  |
| Suite, Apt. #, etc.   |                    | Suite, Apt. #, etc. |             | 4. FEI Number   |  |
| 22  |                    | 27                  |             | 57-1043047  |  |
| City & State  |                    | City & State        |             | Applied For   |  |
| 23 Lancaster, S.C.  |                    | 28 Lancaster, S.C.  |             | Not Applicable  |  |
| 24  | 29720              | 25                  | U.S.        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |  |
| 29 29721-0610   |                    | 30 U.S.             |             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 9. Name and Address of Current Registered Agent   |                    |                     |             | 10. Name and Address of New Registered Agent  |  |
| FOX, BILLY J<br>6201 PRESIDENTIAL COURT<br>EMBASSY BUILDING, SUITE 102<br>FORT MYERS FL 33919   |                    |                     |             | 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS         | CITY-ST-ZIP        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                       |
|-------|--------------------|------------------------|--------------------|---|
| PVC   | TILLOTSON, JAMES L | 210 SOUTH WHITE STREET | LANCASTER SC 29720 | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| V     | VAUGHAN, R D       | 210 SOUTH WHITE STREET | LANCASTER SC 29720 | 1.2 NAME  |
| SD    | THOMAS, THOMAS W   | 210 SOUTH WHITE STREET | LANCASTER SC 29720 | 1.3 STREET ADDRESS  |
| TD    | MATTHEWS, ROBERT E | 210 SOUTH WHITE STREET | LANCASTER SC 29720 | 1.4 CITY-ST-ZIP   |
| C     | JOHNSON, STANLEY D | 210 SOUTH WHITE STREET | LANCASTER SC 29720 | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| V     | DEGENNARO, CARMINE | 210 SOUTH WHITE STREET | LANCASTER SC 29720 | 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: \_\_\_\_\_ THOMAS W. THOMAS 7/13/98 803-283-5305

CR2E034 (5/98)