


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

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FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90075 037 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003635
 1. Corporation Name
KANAWHA HEALTHCARE, INC.



Principal Place of Business 210 S WHITE ST LANCASTER SC 29720 US	Mailing Address P.O. BOX 610 LANCASTER SC 29721 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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3. Date Incorporated or Qualified 07/11/1997	4. FEI Number 57-1043047	Applied For <input type="checkbox"/> Not Applicable
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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
FOX, BILLY J
6201 PRESIDENTIAL COURT
EMBASSY BUILDING, SUITE 102
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PVC	
NAME	TILLOTSON, JAMES L	
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-ST-ZIP	LANCASTER SC 29720	
TITLE	V	
NAME	VAUGHAN, R D	
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-ST-ZIP	LANCASTER SC 29720	
TITLE	SD	
NAME	THOMAS, THOMAS W	
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-ST-ZIP	LANCASTER SC 29720	
TITLE	TD	
NAME	MATTHEWS, ROBERT E	
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-ST-ZIP	LANCASTER SC 29720	
TITLE	C	
NAME	JOHNSON, STANLEY D	
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-ST-ZIP	LANCASTER SC 29720	
TITLE	V	
NAME	DEGENNARO, CARMINE	
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-ST-ZIP	LANCASTER SC 29720	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	VAUGHAN, RICHARD DALE		
1.3 STREET ADDRESS	210 SOUTH WHITE STREET		
1.4 CITY-ST-ZIP	LANCASTER, SC 29720		
2.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	TILLOTSON, JAMES L.		
2.3 STREET ADDRESS	210 SOUTH WHITE STREET		
2.4 CITY-ST-ZIP	LANCASTER, S.C 29720	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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, with all other like empowered.

SIGNATURE: *Thomas W Thomas* 1/7/99 803-283-5305
Signature and typed or printed name of signing officer or director Date Daytime Phone #
 THOMAS W THOMAS SR VICE PRESIDENT SECRETARY & GENERAL COUNSEL

CR2E034 (11/98)