

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -8 PM 2: 14

DOCUMENT # **P23666 (1)**  
1. Corporation Name  
**HALLMARK HEALTHCARE MANAGEMENT CORPORATION**

Principal Place of Business Mailing Address  
**300 GALLERIA PARKWAY, SUITE 650** **300 GALLERIA PARKWAY, SUITE 650**  
**P.O. BOX 723049** **P.O. BOX 723049**  
**ATLANTA GA 30339-7049** **ATLANTA GA 30339-7049**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 **155 Franklin Rd** 26 **155 Franklin Rd**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **S. 400** 27 **S 400**  
City & State City & State  
23 **Brentwood TN** 28 **Brentwood TN**  
Zip Country Zip Country  
24 **37027** 25 **USA** 29 **37027** 30 **USA**

3. Date Incorporated or Qualified **03/31/1989** 3a. Date of Last Report **02/08/1994**  
4. FEI Number **63-0813392** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**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 **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

(Signature, typed or printed name of registered agent and the filer applicant)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>THORNTON, ROBERT M JR</b>
STREET ADDRESS	<b>300 GALLERIA PKWY., #650</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
TITLE	<b>ST</b>
NAME	<b>CLEMENTS, JAMES E</b>
STREET ADDRESS	<b>300 GALLERIA PKWY., #650</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
TITLE	<b>AS</b>
NAME	<b>ROBINSON, MARIA E.</b>
STREET ADDRESS	<b>300 GALLERIA PKWY., #650</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
TITLE	<b>D</b>
NAME	<b>MCAFFEE, JAMES T JR</b>
STREET ADDRESS	<b>300 GALLERIA PKWY., #650</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
TITLE	<b>D</b>
NAME	<b>HOLLAND, DEAN A</b>
STREET ADDRESS	<b>300 GALERIA PKWY #650</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>See Attachment</b>
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: **Sara Martin-Michels** **2/28/95** **615-377-4532**  
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER  
**Sara Martin-Michels**

**HALLMARK HEALTHCARE MANAGEMENT CORPORATION**

EIN: 63-0813392

The corporation's directors and officers are:

<u>Name</u>	<u>Title</u>	<u>Street Address</u>
Tyree G. Wilburn	Director & Sr. V.P.	155 Franklin Road, # 400 Brentwood, TN 37027
Deborah G. Moffett	Director, V.P. & Treas.	3707 FM 1960 West, # 500 Houston, TX 77068
T. Mark Buford	Director, V.P. & Contr.	3707 FM 1960 West, # 500 Houston, TX 77068
E. Thomas Chaney	President	3707 FM 1960 West, # 500 Houston, TX 77068
Martin S. Rash	Sr. Vice President	155 Franklin Road, # 400 Brentwood, TN 37027
H. David Holbrook	Vice President	155 Franklin Road, # 400 Brentwood, TN 37027
Linda K. Parsons	Secretary	155 Franklin Road, # 400 Brentwood, TN 37027
Sara Martin-Michels	Assistant Secretary	155 Franklin Road, # 400 Brentwood, TN 37027
J. Anthony Van Slyke	Asst Sec & Asst Treas	3707 FM 1960 West, # 500 Houston, TX 77068