

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: 155 FRANKLIN RD S. 400 BRENTWOOD TN 37027 US
Mailing Address: 155 FRANKLIN RD S. 400 BRENTWOOD TN 37027 US

3. Date Incorporated or Qualified: 03/31/1989
3a. Date of Last Report: 03/08/1995
4. FEI Number: 63-0813392
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 (21-24)
2a. Mailing Address (26-30)

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 (81-84): 700001817867, -05/13/96-01018-0485, ***200.00, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DSVP	NAME: WILBURN, TYREE G	1.1 TITLE: VP	Agee, Paul T.
STREET ADDRESS: 155 FRANKLIN ROAD, #00	CITY-ST-ZIP: BRENTWOOD TN	1.2 NAME:	155 Franklin Road, Suite 400
		1.3 STREET ADDRESS:	Brentwood, TN 37027
		1.4 CITY-ST-ZIP:	
TITLE: DVPT	NAME: MOFFETT, DEBORAH G	2.1 TITLE: DSVPT	Moffett, Deborah G.
STREET ADDRESS: 3707 FM 1960 WEST, #500	CITY-ST-ZIP: HOUSTON TX	2.2 NAME:	155 Franklin Road, Suite 400
		2.3 STREET ADDRESS:	Brentwood, TN 37027
		2.4 CITY-ST-ZIP:	
TITLE: DVPC	NAME: BUFORD, T. M	3.1 TITLE: DVPC	Buford, T. Mark
STREET ADDRESS: 3707 FM 1960 WEST, #500	CITY-ST-ZIP: HOUSTON TX	3.2 NAME:	155 Franklin Road, Suite 400
		3.3 STREET ADDRESS:	Brentwood, TN 37027
		3.4 CITY-ST-ZIP:	
TITLE: P	NAME: CHANEY, E. T	4.1 TITLE: P	Chaney, E. Thomas
STREET ADDRESS: 3707 FM 1960 WEST, #500	CITY-ST-ZIP: HOUSTON TX	4.2 NAME:	155 Franklin Road, Suite 400
		4.3 STREET ADDRESS:	Brentwood, TN 37027
		4.4 CITY-ST-ZIP:	
TITLE: SVP	NAME: RASH, MARTIN S	5.1 TITLE: S	Parsons, Linda K.
STREET ADDRESS: 155 FRANKLIN ROAD, #400	CITY-ST-ZIP: BRENTWOOD TN	5.2 NAME:	155 Franklin Road, Suite 400
		5.3 STREET ADDRESS:	Brentwood, TN 37027
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE: AS	Martin-Michels, Sara
		6.2 NAME:	155 Franklin Road, Suite 400
		6.3 STREET ADDRESS:	Brentwood, TN 37027
		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is 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 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* 4/29/96 615/377-4532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Sara Martin-Michels, Assistant Secretary

CR2E034 (12/95)