

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Jul 30 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P23666 (1)

1. Corporation Name
HALLMARK HEALTHCARE MANAGEMENT CORPORATION



Principal Place of Business 155 FRANKLIN RD. STE 400 BRENTWOOD TN 37027 US	Mailing Address 155 FRANKLIN RD. STE 400 BRENTWOOD TN 37027 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/31/1989	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 63-0813392	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DVP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D.V.P. T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILBURN, TYREE G		1.2 NAME Barry E. Stewart	
STREET ADDRESS 155 FRANKLIN ROAD, #00		1.3 STREET ADDRESS 155 Franklin Rd Suite 400	
CITY-ST-ZIP BRENTWOOD TN		1.4 CITY-ST-ZIP Brentwood TN 37027	
TITLE DVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOFFETT, DEBORAH G		2.2 NAME	
STREET ADDRESS 155 FRANKLIN RD. STE 400		2.3 STREET ADDRESS	
CITY-ST-ZIP BRENTWOOD TN 37027		2.4 CITY-ST-ZIP	
TITLE DVPC	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUFORD, T. M		3.2 NAME	
STREET ADDRESS 155 FRANKLIN RD. STE 400		3.3 STREET ADDRESS	
CITY-ST-ZIP BRENTWOOD TN 37027		3.4 CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> DELETE	4.1 TITLE P, CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHANEY, E-T		4.2 NAME Wayne T. Smith	
STREET ADDRESS 155 FRANKLIN RD. STE 400		4.3 STREET ADDRESS 155 Franklin Rd suite 400	
CITY-ST-ZIP BRENTWOOD TN 37027		4.4 CITY-ST-ZIP Brentwood TN 37027	
TITLE S	<input type="checkbox"/> DELETE	5.1 TITLE D.V.P.S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARSONS, LINDA K		5.2 NAME	
STREET ADDRESS 155 FRANKLIN RD. STE 400		5.3 STREET ADDRESS	
CITY-ST-ZIP BRENTWOOD TN 37027		5.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTIN-MICHELS, SARA		6.2 NAME	
STREET ADDRESS 155 FRANKLIN RD. STE 400		6.3 STREET ADDRESS	
CITY-ST-ZIP BRENTWOOD TN 37027		6.4 CITY-ST-ZIP	

14. I do 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: *Sandra B. Mortham* 7-25-97 615-373-9600

CR2E034 (4/97)