

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90109 029 ***150.00

0523473

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P23666

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
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 03/31/1989	
4. FEI Number 63-0813392	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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	DVPT STEWART, BARRY E	155 FRANKLIN RD STE 400	BRENTWOOD TN	
	DVPC BUFORD, T. M	155 FRANKLIN RD. STE 400	BRENTWOOD TN 37027	
	PCEO SMITH, WAYNE T	155 FRANKLIN RD STE 400	BRENTWOOD TN	
	DVPS PARSONS, LINDA K	155 FRANKLIN RD. STE 400	BRENTWOOD TN	
	AS MARTIN-MICHEL, SARA	155 FRANKLIN RD. STE 400	BRENTWOOD TN 37027	<input checked="" type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>See attachment for new Officers & directors</i>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	<i>AS Virginia D. Lancaster</i>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	<i>155 Franklin Rd. Suite 400 Brentwood, TN 37027</i>
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: *Virginia D. Lancaster* DATE: *1/22/99* DAYTIME PHONE #: *615-377-4532*

CR2F034 (11/98)

24165290109-29
P23666

HALLMARK HEALTHCARE MANAGEMENT CORPORATION

Board of Directors:

Wayne T. Smith
W. Larry Cash
Rachel A. Seifert

Additional Officers:

<u>Name</u>	<u>Title</u>	<u>Address</u>
Wayne Smith	President/CEO	155 Franklin Road, Suite 400 Brentwood, TN 37027
W. Larry Cash	Exec. Vice President & CFO	155 Franklin Road, Suite 400 Brentwood, TN 37027
Rachel A. Seifert	Vice President & Secretary	155 Franklin Road, Suite 400 Brentwood, TN 37027
Martin G. Schweinhart	Vice President Operations	155 Franklin Road, Suite 400 Brentwood, TN 37027
Robert E. Hardison	Vice President Acquisitions & Dev.	155 Franklin Road, Suite 400 Brentwood, TN 37027
Barry E. Stewart	Vice President Finance/Treasurer	155 Franklin Road, Suite 400 Brentwood, TN 37027
T. Mark Buford	Vice President Controller	155 Franklin Road, Suite 400 Brentwood, TN 37027
Robert A. Horrar	Vice President Administration	155 Franklin Road, Suite 400 Brentwood, TN 37027
Linda K. Parsons	Vice President Human Resources	155 Franklin Road, Suite 400 Brentwood, TN 37027
Carolyn S. Lipp	Vice President Quality & Resource Mgmt.	155 Franklin Road, Suite 400 Brentwood, TN 37027
Virginia D. Lancaster	Assistant Secretary	155 Franklin Road, Suite 400 Brentwood, TN 37027