

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90198 021 ***150.00

DOCUMENT # P23666

1. Entity Name

HALLMARK HEALTHCARE MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

155 FRANKLIN RD. STE 400
 BRENTWOOD TN 37027
 US

155 FRANKLIN RD. STE 400
 BRENTWOOD TN 37027
 US

LUUL2780



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0813392

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **AS** Delete
 NAME: **LANCASTER, VIRGINIA D**
 STREET ADDRESS: **155 FRANKLIN RD., SUITE 400**
 CITY-ST-ZIP: **BRENTWOOD TN 37027**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **P** Delete
 NAME: **SMITH, WAYNE**
 STREET ADDRESS: **155 FRANKLIN RD. STE 400**
 CITY-ST-ZIP: **BRENTWOOD TN 37027**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **EVP** Delete
 NAME: **CASH, W LARRY**
 STREET ADDRESS: **155 FRANKLIN ROAD, SUITE 400**
 CITY-ST-ZIP: **BRENTWOOD TN 37027**

TITLE: **P/D** Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **VP** Delete
 NAME: **SELFERT, RACHEL A**
 STREET ADDRESS: **155 FRANKLIN RD. STE 400**
 CITY-ST-ZIP: **BRENTWOOD TN 37027**

TITLE: **V/S/D** Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **VPO** Delete
 NAME: **SCHWEINHART, MARTIN G**
 STREET ADDRESS: **155 FRANKLIN RD. STE 400**
 CITY-ST-ZIP: **BRENTWOOD TN 37027**

TITLE: **VPO/D** Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **VP** Delete
 NAME: **HARDISON, ROBERT E**
 STREET ADDRESS: **155 FRANKLIN ROAD, SUITE 400**
 CITY-ST-ZIP: **BRENTWOOD TN 37027**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

See Addendum

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

x Rachel A. Seifert

1/8/01

615-377-4491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Hallmark Healthcare Management Corporation
Addendum to Annual Report

Attachment
C001278D
P23666

Additional Officers:

Office:	Name/Address:
V	Mark Buford (Vice President, Controller)
V	Robert A. Hollar, 155 Franklin Road, Suite 400, Brentwood, TN 37027 (Vice President, Administration)
V	Linda K. Parsons, 155 Franklin Road, Suite 400, Brentwood, TN 37027 (Vice President, Human Resources and Director)
V	Carolyn S. Lipp, 155 Franklin Road, Suite 400, Brentwood, TN 37027 (Vice President, Quality and Resource Management)