

**Alternative Reporting And Disclosure Statement**  
**For Nonqualified Deferred Compensation Plans**

To: Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N 1513  
U.S. Department of Labor  
200 Constitution Ave. N.W.  
Washington, DC 20210

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: Oakhurst Medical Centers, Inc.
2. The mailing address of the Employer is: 770 Village Square Drive  
Stone Mountain, GA 30083
3. The Employer Identification Number is: 58-1413957
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:  
One Plan(s) covering 8 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Oakhurst Medical Centers, Inc.  
A Georgia Corporation

By: 

Authorized Person

Dated: 08-21-03



**AXA ADVISORS**

3348 Peachtree Road, NE Tower 200  
Suite 800  
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EMPLOYEE BENEFITS SECURITY ADMINISTRATION  
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