

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 433464 (5)

1. Corporation Name

WEST FLORIDA REGIONAL MEDICAL CENTER, INC.



Principal Place of Business

ONE PARK PLAZA
P. O. BOX 550
NASHVILLE TN 37203
US

Mailing Address

PO BOX 570
ATTN: TAX DEPT
NASHVILLE TN 37203
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

3. Date incorporated or Qualified

08/23/1973

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1525468

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature is required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MOEN, DANIEL J
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

☐ DELETE

TITLE VPDS
NAME BRAUN, STEPHEN T
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE, TN 00000

☐ DELETE

TITLE VPDT
NAME COLBY, DAVID C
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

☐ DELETE

TITLE DVP
NAME SCHWEINHART, RICHARD A
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE, TN 00000

☐ DELETE

TITLE VAT
NAME ANDERSON, DAVID G
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

☒ DELETE

TITLE DP
NAME HUSSEY, WILLIAM S
STREET ADDRESS 12800 UNIVERSITY DR, #560
CITY-ST-ZIP FT MYERS FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☒ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Franch

4/14/96 (415) 327-9551

CR2E034 (12/95)