

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **487397** (2)

1. Corporation Name
LAWNWOOD MEDICAL CENTER, INC.



Principal Place of Business: **ONE PARK PLAZA NASHVILLE TN 37203 US**
Mailing Address: **P.O. BOX 570 ATTN: TAX DEPT. NASHVILLE TN 37202 US**

3. Date Incorporated or Qualified: **10/08/1975**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **59-1764486**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-29)
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip
25. Country
29. 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**

10. Name and Address of New Registered Agent
B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
B5. Zip Code **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: _____ (NOT: Registered Agent signature required when non-stating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOEN, DANIEL J	1.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	1.4 CITY-ST-ZIP	
TITLE	DSVS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, STEPHEN T	2.2 NAME	DIV
STREET ADDRESS	ONE PARK PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	2.4 CITY-ST-ZIP	
TITLE	DSVT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBY, DAVID C	3.2 NAME	DIV/T
STREET ADDRESS	ONE PARK PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP	
TITLE	VPAT	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, DAVID G	4.2 NAME	John M Franck
STREET ADDRESS	ONE PARK PLAZA	4.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, JOSEPH D.	5.2 NAME	P. MILTON JOHANSON
STREET ADDRESS	ONE PARK PLAZA	5.3 STREET ADDRESS	ONE PARK PLAZA
CITY-ST-ZIP	NASHVILLE TN	5.4 CITY-ST-ZIP	NASHVILLE, TN 37203
TITLE	VPAS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUGHERTY, BETTYE J.	6.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	6.4 CITY-ST-ZIP	

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, 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: *R. Milton Johanson* **R. MILTON JOHANSON** Date: _____ (615) 327-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)