

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 580251**

1. Entity Name

OKALOOSA HOSPITAL, INC.**FILED**
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90040 012 ***150.00

Principal Place of Business

**ONE PARK PLAZA
NASHVILLE TN 37203
US**

Mailing Address

**P O BOX 750
NASHVILLE TN 37202
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1836808**

Applied For

Not Applicable

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	GRINNEY, JAY			
	ONE PARK PLAZA			
	NASHVILLE TN 37203			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

	SVP			
	SLACK, JIM			
	1705 METROPOLITAN BLVD. #301			
	TALLAHASSEE FL 32308			

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	SVP			
	CAMPBELL, VICTOR L			
	ONE PARK PLAZA			
	NASHVILLE TN 37203			

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	SVP			
	WATERMAN, ROBERT			
	ONE PARK PLAZA			
	NASHVILLE TN 37203			

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	VPT			
	ANDERSON, DAVID G			
	ONE PARK PLAZA			
	NASHVILLE TN 37203			

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	AS			
	DENSON, DAVID L			
	ONE PARK PLAZA			
	NASHVILLE TN 37203			

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Denson**Assistant Secretary****3-9-01**

Date

(615) 344-2575

Daytime Phone #

CR2E034 (10/00)