

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 580251

FILED
Apr 22, 2004
Secretary of State

Entity Name: OKALOOSA HOSPITAL, INC.

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 750
NASHVILLE, TN 37202 US

New Mailing Address:

FEI Number: 59-1836808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRINNEY, JAY
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

Title: SVP () Delete
Name: SLACK, JIM
Address: 1705 METROPOLITAN BLVD. #301
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: SVP () Delete
Name: WATERMAN, ROBERT
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: VPT () Delete
Name: ANDERSON, DAVID G
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: VPAS () Delete
Name: DENSON, DAVID L
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRINNEY, JAY F
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: DVP (X) Change () Addition
Name: MOORE, A. BRUCE JR.
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: DVP (X) Change () Addition
Name: JOHNSON, R. MILTON
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: VPAS (X) Change () Addition
Name: BLACKWOOD, DORA A
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVPS () Change (X) Addition
Name: FRANCK, JOHN M II
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORA A. BLACKWOOD

VPAS

04/22/2004

Electronic Signature of Signing Officer or Director

_____ Date