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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F93222 (0)

1. Corporation Name
GRANT CENTER HOSPITAL OF OCALA, INC.

Principal Place of Business 201 W MAIN ST P. O. BOX 550 LOUISVILLE KY 40202 US	Mailing Address P O BOX 740035 ATTN: TAX DEPT LOUISVILLE KY 40201-435 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/30/1982	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2245546	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 ONE PARK PLAZA Suite, Apt. #, etc.	2a. Mailing Address 26 PO BOX 570 Suite, Apt. #, etc.
22 NASHVILLE TN City & State	27 ATTN: TAX DEPT City & State
23 37203 Zip Country	28 NASHVILLE TN Zip Country
24 37203 Zip Country	29 37202 Zip 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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCKNIGHT, PAUL J 1830 BUFORD CT TALLAHASSEE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MOORE, JOSEPH D. ONE PARK PLAZA NASHVILLE TN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MALONE JR., DAVID J. ONE PARK PLAZA NASHVILLE TN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DAUGHERTY, BETTYE D ONE PARK PLAZA NASHVILLE TN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WHITE, DAVID R ONE PARK PLAZA NASHVILLE TN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KROGER, JOAN O 201 W MAIN ST LOUISVILLE KY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	P DANIEL J. MOEN ONE PARK PLAZA NASHVILLE TN 37203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	D SVP S STEPHEN T. BRAUN ONE PARK PLAZA NASHVILLE TN 37203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	D SVP T DAVID C. COLBY ONE PARK PLAZA NASHVILLE TN 37203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	D SVP RICHARD A. SCHWEINHART ONE PARK PLAZA NASHVILLE TN 37203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* Brandi D Ewoldt 615 350 2151

July 15, 1994

F93222

**OFFICERS AND DIRECTORS
OF
GRANT CENTER HOSPITAL OF OCALA, INC.**

Daniel J. Moen	President	7975 NW 154th Street, Suite 400A Miami Lakes, FL 33016
*Stephen T. Braun	Senior Vice President and Secretary	201 West Main Street Louisville, KY 40202
*David C. Colby	Senior Vice President and Treasurer	201 West Main Street Louisville, KY 40202
Joseph D. Moore	Senior Vice President	One Park Plaza Nashville, TN 37203
*Richard A. Schweinhart	Senior Vice President	201 West Main Street Louisville, KY 40202
David G. Anderson	Vice President and Assistant Treasurer	201 West Main Street Louisville, KY 40202
David T. Bradford	Vice President	One Park Plaza Nashville, TN 37203
Ashby Q. Burks	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Bettye J. Daugherty	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Brandi D. Ewoldt	Vice President	500 West Main St., 10th Floor Louisville, KY 40202
James D. Hinton	Vice President	1405 Mitchell Avenue Jeffersonville, IN 47131-0563
Jay Jarrell	Vice President	7975 NW 154th Street, Suite 400A Miami Lakes, FL 33016
David J. Malone	Vice President	One Park Plaza Nashville, TN 37203
Rachel A. Seifert	Vice President and Assistant Secretary	201 West Main Street Louisville, KY 40202
Linda J. McDonald	Assistant Secretary	201 West Main Street Louisville, KY 40202

***Directors
Florida**

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, and Assistant Administrator of facilities owned and/or operated by this Corporation, are authorized by the Board of Directors of this Corporation to negotiate and enter into contracts and agreements necessary in the conduct of the day-to-day business of such facility, including, but not limited to, physician contracts, leases, purchase agreements, etc., which with the advice of legal counsel, shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolution required in connection with such contracts and agreements.