

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93222** (0)

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



Principal Place of Business
**ONE PARK PLAZA
P. O. BOX 550
NASHVILLE TN 37203
US**

Mailing Address
**P.O. BOX 570
ATTN: TAX DEPT
NASHVILLE TN 37202
US**

2. Principal Place of Business
21 **One Park Plaza**
22 Suite, Apt. #, etc.
23 **Nashville**
24 **TN 37203** 25 **US**

2a. Mailing Address
26
27
28
29 **US** 30

3. Date Incorporated or Qualified **07/30/1982** 3a. Date of Last Report **04/21/1995**

4. FEI Number **59-2245546** 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

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
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 title, if applicable (NOTE - Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MOEN, DANIEL J.	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BRAUN, STEPHEN T.	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	COLBY, DAVID C.	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	SCHWEINHART, RICHARD A	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, DAVID R	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KROGER, JOAN O	
STREET ADDRESS	201 W MAIN ST	
CITY-ST-ZIP	LOUISVILLE KY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7975 NW 154th Street, #400 A
1.4 CITY-ST-ZIP	Miami Lakes, FL 33016
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V. D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Nashville, TN 37203
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VITID
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Nashville, TN 37203
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VID
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Nashville, TN 37203
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	R. Milton Johnson
5.3 STREET ADDRESS	One Park Plaza
5.4 CITY-ST-ZIP	Nashville, TN 37203
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	John M. Franck
6.3 STREET ADDRESS	One Park Plaza
6.4 CITY-ST-ZIP	Nashville, TN 37203

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: *John Franck* **John Franck** 4-4-96 (615)327-9551
Signature and typed or printed name of signing officer or director Date Day/Mo/Yr

CR2E034 (12/95)