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May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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: PO BOX 750, ATTN: TAX DEPT, NASHVILLE TN 37202 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 07/30/1982  
4. FEI Number: 59-2245546  
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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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 (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------------------|---|--|
| TITLE                      | <del>DELETE</del>                | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | FLEETWOOD, JIM                   | 1.2 NAME  |  |
| STREET ADDRESS             | 7975 NW 154TH STREET, SUITE 400A | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI LAKES FL                   | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <del>DELETE</del>                | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <del>BRAUN, STEPHEN J.</del>     | 2.2 NAME  | AS Blackwood, Dora A.  |
| STREET ADDRESS             | ONE PARK PLAZA                   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | NASHVILLE TN                     | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <del>DELETE</del>                | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <del>GOLBY, DAVID G.</del>       | 3.2 NAME  |  |
| STREET ADDRESS             | <del>DONAHAY, KENNETH G.</del>   | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <del>NASHVILLE TN</del>          | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | DVP ELTON, ROSALYN S.            | 4.2 NAME  | DSVAT Donahay, Kenneth   |
| STREET ADDRESS             | ONE PARK PLAZA                   | 4.3 STREET ADDRESS                                    | One Park Plaza Nashville TN  |
| CITY-ST-ZIP                | NASHVILLE TN                     | 4.4 CITY-ST-ZIP                                       | 37203  |
| TITLE                      | <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | R. MILTON JOHNSON                | 5.2 NAME  |  |
| STREET ADDRESS             | ONE PARK PLAZA                   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | NASHVILLE TN                     | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOHN M. FRANCK                   | 6.2 NAME  | DVPS   |
| STREET ADDRESS             | ONE PARK PLAZA                   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | NASHVILLE TN                     | 6.4 CITY-ST-ZIP                                       |  |

14. 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 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 justice 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: \_\_\_\_\_ DATE: 4/1/98

CR2E034 (10/97)