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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000005605

1. Corporation Name
BHC FORT LAUDERDALE HOSPITAL, INC.



Principal Place of Business: 102 WOODMONT BLVD STE 800 NASHVILLE TN 37205 US
 Mailing Address: 102 WOODMONT BLVD STE 800 NASHVILLE TN 37205 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1996

4. FEI Number: 62-1658530

5. Certificate of Status Desired: Applied For, Not Applicable. Fee: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes, No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

9. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent (81-85) fields.

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACK, EDWARD A	1.2 NAME	
STREET ADDRESS	102 WOODMONT BLVD, SUITE 500	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37205	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MICHAEL E	2.2 NAME	
STREET ADDRESS	102 WOODMONT BLVD, SUITE 500	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37205	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Vernon S. Westrich
STREET ADDRESS		3.3 STREET ADDRESS	102 Woodmont Blvd, Suite 800
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Nashville, TN 37205
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Neil G. Gury Jr.
STREET ADDRESS		4.3 STREET ADDRESS	102 Woodmont Blvd, Suite 800
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Nashville, TN 37205
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: *[Signature]* Date: 5/30/99 Daytime Phone #: 615/269-3492

CR2E034 (1/98)