


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90332 015 ***150.00

DOCUMENT # F96000005605

1. Entity Name
BHC FORT LAUDERDALE HOSPITAL, INC.



Principal Place of Business
**ONE BURTON HILLS BLVD.
 SUITE 250
 NASHVILLE, TN 37215 US**

Mailing Address
**ONE BURTON HILLS BLVD.
 SUITE 250
 NASHVILLE, TN 37215 US**

14001136



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01112005 Chg-P CR2E034 (10/03)

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BARNES, WILLIAM P ONE BURTON HILLS BLVD SUITE 250 NASHVILLE, TN 37215 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WESTRICH, VERNON S ONE BURTON HILLS BLVD SUITE 250 NASHVILLE, TN 37215 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PETROVICH, STEPHEN C ONE BURTON HILLS BLVD SUITE 250 NASHVILLE, TN 37215 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELK, KENNETH R ONE BURTON HILLS BLVD SUITE 250 NASHVILLE, TN 37215 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James M. Schnuck One Burton Hills Blvd, Ste 250 Nashville TN 37215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD R. Dirk allison One Burton Hills Blvd, Ste 250 Nashville TN 37215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Ashley M Crabtree One Burton Hills Blvd, Ste 250 Nashville TN 37215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Clint B. adams One Burton Hills Blvd, Ste 250 Nashville TN 37215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Stephen C. Petrovich** Date **6/5-296-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

14001136

ATTACHMENT
BHC FORT LAUDERDALE HOSPITAL, INC.
DOCUMENT NO. F96000005605.

ADDITIONAL OFFICERS:

Assistant Secretary
Assistant Secretary
Assistant Secretary

Susan B. Steelman
Teresa K. Culver
Christy C. Sawyer

ADDRESS FOR ALL NAMED OFFICERS:

One Burton Hills Blvd., Suite 250
Nashville, TN 37215