


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90016 004 ***150.00

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1. Entity Name
BHC FORT LAUDERDALE HOSPITAL, INC.



Principal Place of Business Mailing Address
840 CRESCENT CENTRE DR STE 460 **840 CRESCENT CENTRE DR STE 460**
FRANKLIN, TN 37067 US **FRANKLIN, TN 37067 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01042006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
62-1658530 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHNECK, JAMES M	
STREET ADDRESS	ONE BURTON HILLS BLVD STE 250	
CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALLISON, R DIRK	
STREET ADDRESS	ONE BURTON HILLS BLVD STE 250	
CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	PETROVICH, STEPHEN C	
STREET ADDRESS	ONE BURTON HILLS BLVD SUITE 250	
CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	CRABTREE, ASHLEY M	
STREET ADDRESS	ONE BURTON HILLS BLVD ST	
CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, CLINT B	
STREET ADDRESS	ONE BURTON HILLS BLVD STE 250	
CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joey A. Jacobs	
STREET ADDRESS	840 Crescent Centre Dr #460	
CITY-ST-ZIP	Franklin, TN 37067	
TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven T. Davidson	
STREET ADDRESS	840 Crescent Centre Dr #460	
CITY-ST-ZIP	Franklin, TN 37067	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Polson	
STREET ADDRESS	840 Crescent Centre Dr #460	
CITY-ST-ZIP	Franklin, TN 37067	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brent Turner	
STREET ADDRESS	840 Crescent Centre Dr #460	
CITY-ST-ZIP	Franklin, TN 37067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Brent Turner Brent Turner 1-31-06 615-312-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #