

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90010 012 \*\*\*150.00

<b>DOCUMENT # F96000005605</b> 1. Entity Name <b>BHC FORT LAUDERDALE HOSPITAL, INC.</b>	
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Principal Place of Business <b>6640 CAROTHERS PARKWAY</b> <b>SUITE 500</b> <b>FRANKLIN, TN 37067 US</b>	Mailing Address <b>6640 CAROTHERS PARKWAY</b> <b>SUITE 500</b> <b>FRANKLIN, TN 37067 US</b>
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**DO NOT WRITE IN THIS SPACE**

4000011



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>62-1658530</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

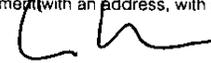
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	JACOBS, JOEY A
STREET ADDRESS	6640 CAROTHERS PARKWAY, SUITE 500
CITY-ST-ZIP	FRANKLIN, TN 37067
TITLE	VSD
NAME	DAVIDSON, STEVEN T
STREET ADDRESS	6640 CAROTHERS PARKWAY, SUITE 500
CITY-ST-ZIP	FRANKLIN, TN 37067
TITLE	VT
NAME	POLSON, JACK
STREET ADDRESS	6640 CAROTHERS PARKWAY, SUITE 500
CITY-ST-ZIP	FRANKLIN, TN 37067
TITLE	V
NAME	TURNER, BRENT
STREET ADDRESS	6640 CAROTHERS PARKWAY, SUITE 500
CITY-ST-ZIP	FRANKLIN, TN 37067
TITLE	SEC
NAME	HOWARD, CHRISTOPHER L
STREET ADDRESS	6640 CAROTHERS PARKWAY, SUITE 500
CITY-ST-ZIP	FRANKLIN, TN 37067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  \_\_\_\_\_

Date: **1/28/08** Daytime Phone #: **615.314.5700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR