

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005605

FILED  
May 01, 2010  
Secretary of State

Entity Name: BHC FORT LAUDERDALE HOSPITAL, INC.

**Current Principal Place of Business:**

6640 CAROTHERS PARKWAY  
SUITE 500  
FRANKLIN, TN 37067 US

**New Principal Place of Business:**

**Current Mailing Address:**

6640 CAROTHERS PARKWAY  
SUITE 500  
FRANKLIN, TN 37067 US

**New Mailing Address:**

FEI Number: 62-1658530      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JACOBS, JOEY A  
Address: 6640 CAROTHERS PARKWAY, SUITE 500  
City-St-Zip: FRANKLIN, TN 37067

Title: V  
Name: DAVIDSON, STEVEN T  
Address: 6640 CAROTHERS PARKWAY, SUITE 500  
City-St-Zip: FRANKLIN, TN 37067

Title: VT  
Name: POLSON, JACK  
Address: 6640 CAROTHERS PARKWAY, SUITE 500  
City-St-Zip: FRANKLIN, TN 37067

Title: V  
Name: TURNER, BRENT  
Address: 6640 CAROTHERS PARKWAY, SUITE 500  
City-St-Zip: FRANKLIN, TN 37067

Title: SECD  
Name: HOWARD, CHRISTOPHER L  
Address: 6640 CAROTHERS PARKWAY, SUITE 500  
City-St-Zip: FRANKLIN, TN 37067

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER HOWARD

SECD

05/01/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date