

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90096 004 \*\*\*150.00

**DOCUMENT # F96000005605**



1. Entity 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
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2. Principal Place of Business <b>One Burton Hills Blvd.,</b> Suite, Apt. #, etc. <b>Suite 250</b>	3. Mailing Address <b>One Burton Hills Blvd.,</b> Suite, Apt. #, etc. <b>Suite 250</b>
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CHECK HERE IF MAKING CHANGES

City & State <b>Nashville, TN</b>	City & State <b>Nashville, TN</b>
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4. FEI Number <b>62-1658530</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>37215</b>	Country <b>Davidson</b>	Zip <b>37215</b>	Country <b>Davidson</b>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>VTD BARNES, WILLIAM P 102 WOODMONT BLVD. SUITE 800 NASHVILLE TN 37205</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WESTRICH, VERNON S 102 WOODMONT BLVD. SUITE 800 NASHVILLE TN 37205</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS PETROVICH, STEPHEN C 102 WOODMONT BLVD STE 800 NASHVILLE TN 37205</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DELK, KENNETH R 102 WOODMONT BLVD STE 800 NASHVILLE TN 37205</b> <input 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>One Burton Hills Blvd., Suite 250 Nashville, TN 37215</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>One Burton Hills Blvd., Suite 250 Nashville, TN 37215</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>One Burton Hills Blvd., Suite 250 Nashville, TN 37215</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>One Burton Hills Blvd., Suite 250 Nashville, TN 37215</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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** **REQUIRED** Stephen C. Petrovich **4/6/03** 615-296-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)