

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED AND FILED**

95 MAY - 1 AM 9: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N26038 (2)**  
1. Corporation Name  
**UNIVERSITY PHYSICIANS PAVILION ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
C/O ROBERT NEWMAN 7201 N. UNIVERSITY DRIVE TAMARAC FL 33321  
C/O ROBERT NEWMAN 7201 N. UNIVERSITY DRIVE TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/22/1988** 3a. Date of Last Report **02/04/1994**  
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **ONE PARK PLAZA** 26 **PO BOX 570**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **NASHVILLE TN** 27 **ATTN: TAX DEPT.**  
City & State City & State  
23 **37203** 28 **37202**  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**NEWMAN, ROBERT L.**  
**7201 N. UNIVERSITY DRIVE**  
**TAMARAC FL 33321**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>NEWMAN, ROBERT L.</b>
STREET ADDRESS	<b>7201 N. UNIVERSITY DR.</b>
CITY - ST - ZIP	<b>TAMARAC FL</b>
TITLE	<b>D</b>
NAME	<b>DUGA, MICHAEL</b>
STREET ADDRESS	<b>7201 N UNIVERSITY DR</b>
CITY - ST - ZIP	<b>TAMARAC FL</b>
TITLE	<b>D</b>
NAME	<b>JENNESSE, MICHAEL A</b>
STREET ADDRESS	<b>7201 N. UNIVERSITY DR.</b>
CITY - ST - ZIP	<b>TAMARAC FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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\*\*\*\*130.00 \*\*\*\*130.00

5/1/95 rest

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14, or on an attachment with an address.

SIGNATURE: David G. Anderson 5/1/95 (502) 572-2130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed from 5)

**OFFICERS AND DIRECTORS  
OF  
UNIVERSITY PHYSICIANS PAVILION ASSOCIATION, INC.**

②

David T. Vandewater	President	201 West Main Street Louisville, KY 40202
*Stephen T. Braun	Senior Vice President and Secretary	201 West Main Street Louisville, KY 40202
*David C. Colby	Senior Vice President and Treasurer	201 West Main Street Louisville, KY 40202
Joseph D. Moore	Senior Vice President	One Park Plaza Nashville, TN 37203
David J. Malone, Jr.	Vice President	One Park Plaza Nashville, TN 37203
*Richard A. Schweinhart	Senior Vice President	201 West Main Street Louisville, KY 40202
David G. Anderson	Vice President and Assistant Treasurer	201 West Main Street Louisville, KY 40202
David Bradford	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Ashby Q. Burks	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Bettye J. Daugherty	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Brandi D. Ewoldt	Vice President	500 West Main St., 10th Floor Louisville, KY 40202
James D. Hinton	Vice President	1401 Mitchell Avenue Jeffersonville, IN 47131
Rachel A. Seifert	Vice President and Assistant Secretary	201 West Main Street Louisville, KY 40202

**\*Directors**

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, and Assistant Administrator of facilities owned and/or operated by this Corporation, are authorized by the Board of Directors of this Corporation to negotiate and enter into contracts and agreements necessary in the conduct of the day-to-day business of such facility, including, but not limited to, physician contracts, leases, purchase agreements, etc., which with the advice of legal counsel, shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolution required in connection with such contracts and agreements.