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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P20499** (0)
1. Corporation Name
GALEN HOSPITAL CORPORATION, INC.

Principal Place of Business: **201 W MAIN STREET
P.O. BOX 740036 ATTN: TAX DEPT
LOUISVILLE KY 40202
US**

Main Address: **500 W MAIN ST
P. O. BOX 740035 ATTN: TAX DEPT.
LOUISVILLE KY 40201-7435
US**

2. Principal Place of Business: **21 ONE PARK PLAZA**

28. Mailing Address: **26 PO BOX 570**

22. State of Incorporation: **27 ATTN: TAX DEPT.**

23. City & State: **28 NASHVILLE TN**

24. **37203** 25. **29 37202** 30.

3. Date of Incorporation or Qualification: **08/16/1988**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **23-1709247**

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

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. This corporation has liability for admissible tax under 5-1709247 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name: _____

82. Street Address (P.O. Box Number if Not Applicable): _____

83. _____

84. City: _____

85. State: **FL**

11. I, the undersigned, being a resident qualified to do business in this State, do hereby certify that the information furnished on this statement for the purpose of filing this report is true and correct to the best of my knowledge and belief, and that I am a resident qualified to do business in this State, and that I am duly appointed or registered agent, and that I am duly qualified to do business in this State.

12. OFFICER, DIRECTOR, OR KEY PERSONNEL	13. ADDRESS CHANGED? (CHECK ONE) (SEE INSTRUCTIONS)
NAME: PCEO SCOTT, RICHARD L 201 W MAIN STREET LOUISVILLE KY	Y/N: <input checked="" type="checkbox"/> Y D FLEMING, EUGENE R. ONE PARK PLAZA NASHVILLE TN 37203
NAME: CEO VANDEWATER, DAVID T 201 W MAIN STREET LOUISVILLE KY	Y/N: <input checked="" type="checkbox"/> Y SVSD BRAUN, STEPHEN T. ONE PARK PLAZA NASHVILLE TN 37203
NAME: VPCC BRAUN, STEPHEN T 201 W MAIN STREET LOUISVILLE KY	Y/N: <input checked="" type="checkbox"/> Y SVTD COLBY, DAVID C. ONE PARK PLAZA NASHVILLE TN 37203
NAME: VPFO COLBY, DAVID C 201 W MAIN STREET LOUISVILLE KY	Y/N: <input checked="" type="checkbox"/> Y SVD SCHWENHART, RICHARD A. ONE PARK PLAZA NASHVILLE TN 37203
NAME: VPF GRECO, SAMUEL A 201 W MAIN STREET LOUISVILLE KY	Y/N: <input checked="" type="checkbox"/> Y
NAME: VT ANDERSON, DAVID G. 201 W MAIN STREET LOUISVILLE KY	Y/N: <input checked="" type="checkbox"/> Y

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true and correct to the best of my knowledge and belief, and that I am a resident qualified to do business in this State, and that I am duly appointed or registered agent, and that I am duly qualified to do business in this State.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 30 1994

615-350-2151