

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: ONE PARK PLAZA ATTN: TAX DEPT NASHVILLE TN 37203 US

Mailing Address: ATTN: TAX DEPT P.O. BOX 570 NASHVILLE TN 37202-0570 US

3. Date Incorporated or Qualified: 08/16/1988  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 PO Box 750 27 Suite, Apt. #, etc. 28 Nashville TN 29 Zip: 37202 30 Country: USA

4. FEI Number: 23-1709247 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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: (Note: Registered Agent signature required when reinstating) DATE:

| 12. OFFICERS AND DIRECTORS |                         |  |
|----------------------------|-------------------------|--|
| TITLE                      | P                       | <input checked="" type="checkbox"/> DELETE |
| NAME                       | FLEMING, EUGENE         |  |
| STREET ADDRESS             | ONE PARK PLACE          |  |
| CITY - ST - ZIP            | NASHVILLE TN            |  |
| TITLE                      | SVSD                    | <input type="checkbox"/> DELETE            |
| NAME                       | BRAUN, STEPHEN          |  |
| STREET ADDRESS             | ONE PARK PLAZA          |  |
| CITY - ST - ZIP            | NASHVILLE TN            |  |
| TITLE                      | SVTD                    | <input checked="" type="checkbox"/> DELETE |
| NAME                       | COLBY, DAVID C.         |  |
| STREET ADDRESS             | ONE PARK PLACE          |  |
| CITY - ST - ZIP            | NASHVILLE TN            |  |
| TITLE                      | SVD                     | <input checked="" type="checkbox"/> DELETE |
| NAME                       | SCHWEINHART, RICHARD A. |  |
| STREET ADDRESS             | ONE PARK PLAZA          |  |
| CITY - ST - ZIP            | NASHVILLE TN            |  |
| TITLE                      | V                       | <input type="checkbox"/> DELETE            |
| NAME                       | JOHNSON, R. M           |  |
| STREET ADDRESS             | ONE PARK PLAZA          |  |
| CITY - ST - ZIP            | NASHVILLE TN            |  |
| TITLE                      | S                       | <input type="checkbox"/> DELETE            |
| NAME                       | FRANCK, JOHN M          |  |
| STREET ADDRESS             | ONE PARK PLAZA          |  |
| CITY - ST - ZIP            | NASHVILLE TN            |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                     |  |
|---|---------------------|--|
| 1.1 TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME  |                     |  |
| 1.3 STREET ADDRESS                                    |                     |  |
| 1.4 CITY - ST - ZIP                                   |                     |  |
| 2.1 TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |                     |  |
| 2.3 STREET ADDRESS                                    |                     |  |
| 2.4 CITY - ST - ZIP                                   |                     |  |
| 3.1 TITLE   | SVTD                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME  | Donahy, Kenneth     |  |
| 3.3 STREET ADDRESS                                    | One Park Plaza      |  |
| 3.4 CITY - ST - ZIP                                   | Nashville TN 37203  |  |
| 4.1 TITLE   | VPI D               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME  | Rosalyn S. Eton     |  |
| 4.3 STREET ADDRESS                                    | One Park Plaza      |  |
| 4.4 CITY - ST - ZIP                                   | Nashville, TN 37203 |  |
| 5.1 TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |                     |  |
| 5.3 STREET ADDRESS                                    |                     |  |
| 5.4 CITY - ST - ZIP                                   |                     |  |
| 6.1 TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |                     |  |
| 6.3 STREET ADDRESS                                    |                     |  |
| 6.4 CITY - ST - ZIP                                   |                     |  |

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4-1-97 DAYTIME PHONE #

CR2E034 (9/96)