

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

0623117


**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

99 APR -2 PM 2:39

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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

Principal Place of Business: **ONE PARK PLAZA ATTN: TAX DEPT NASHVILLE TN 37203 US**  
 Mailing Address: **PO BOX 750 NASHVILLE TN 37202 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/16/1988**

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 owes the current year Intangible Personal Property Tax: [ ] Yes [ ] No

10. Name and Address of New Registered Agent

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip Country					Zip Country				

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

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: \_\_\_\_\_ (Signature, typed or printed name of registered agent and the applicable (NOTE: Register Agents are not required to be in the State) DATE)

12. OFFICERS AND DIRECTORS

TITLE	AS	[ ] DELETE
NAME	BLACKWOOD, DORA A	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DSVA	X DELETE
NAME	DONAHEY, KENNETH	
STREET ADDRESS	ONE PARK PLACE	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DVP	X DELETE
NAME	ELTON, ROSALYN	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	[ ] DELETE
NAME	JOHNSON, R. M	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DVPS	[ ] DELETE
NAME	FRANCK, JOHN M	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	AS	[ ] Change	X Addition
12 NAME	David L. Denson		
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE	DVP	[ ] Change	X Addition
22 NAME	A. Bruce Moore		
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE	VP	[ ] Change	X Addition
32 NAME	Ronald Lee Grubbs		
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE	DVP	X Change	[ ] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		[ ] Change	[ ] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[ ] Change	[ ] Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

SECURITY STAMP: 04/02/99 - 01084 - 026  
 \*\*\*\*150.00 \*\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

329-99

CR2E034 (11/98)