

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # **P93000070082 (1)**

90 MAY -1 PM 1:50

1. Corporation Name
BROWARD HEALTHCARE SYSTEM, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 201 W MAIN ST, P O BOX 740035, LOUISVILLE KY 40201 US
Mailing Address: 201 W MAIN ST, P O BOX 740035, LOUISVILLE KY 40201 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/08/1993**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **61-1249697**
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 15.119(2)(2) Florida Statutes: Yes No

2. Principal Place of Business:
21. ONE PARK PLAZA
22. Nashville TN 37203
23. Nashville TN 37203
24. 37203
2a. Mailing Address:
25. P O Box 570
26. P O Box 570
27. ATTN: TAX DEPT.
28. Nashville TN 37202
29. 37202
30. 37202

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

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 Florida Statutes, Chapter 607, and Part 607.001, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am aware with and accept the obligations of the business entity Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS TO AND DELETIONS FROM OFFICERS AND DIRECTORS	
NAME	C VANDEWATER, DAVID T 201 WEST MAIN STREET LOUISVILLE KY	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE PARK PLAZA NASHVILLE TN 37203
NAME	PD MOEN, DANIEL J 7975 NORTHWEST 154TH ST. STE. 400A MIAMI LAKES FL	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE PARK PLAZA NASHVILLE TN 37203
NAME	VS BRAUN, STEPHEN T 201 W MAIN ST LOUISVILLE KY	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE PARK PLAZA NASHVILLE TN 37203
NAME	VT COLBY, DAVID C 201 W MAIN ST LOUISVILLE KY	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE PARK PLAZA NASHVILLE TN 37203
NAME	V GRECO, SAMUEL A 201 W MAIN ST LOUISVILLE KY	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE PARK PLAZA NASHVILLE TN 37203
NAME	V MOORE, JOSEPH D ONE PARK PLAZA NASHVILLE TN	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition ONE PARK PLAZA NASHVILLE TN 37203

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.001(2)(b) Florida Statutes. I further certify that all the information supplied 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 a resident in the State of Florida and am qualified to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1a, of the report or supplemental report with my title.

SIGNATURE: *Joseph D Moore*
SIGNATURE AND TYPED OR PRINTED NAME OF HIGHING OFFICER OR DIRECTOR

APR 20 95 615-320-2151