

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # P93000070082**

1. Corporation Name  
**BROWARD HEALTHCARE SYSTEM, INC.**

Principal Place of Business

**ONE PARK PLACE  
P O BOX 740035  
NASHVILLE TN 37203  
US**

Mailing Address

**P.O BOX 750  
NASHVILLE TN 37202  
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 105  
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 title, applicable

(NOTE: Registered Agent's signature must precede this block)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	<b>BOVENDER, JACK O</b>	
STREET ADDRESS	<b>ONE PARK PLACE</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	DVST	X DELETE
NAME	<b>DONAHEY, KENNETH</b>	
STREET ADDRESS	<b>ONE PARK PLACE</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	DV	X DELETE
NAME	<b>ELTON, ROSALYN</b>	
STREET ADDRESS	<b>ONE PARK PLACE</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	V	[ ] DELETE
NAME	<b>JOHNSON, R M</b>	
STREET ADDRESS	<b>ONE PARK PLACE</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	AS	[ ] DELETE
NAME	<b>BLACKWOOD, DORA A</b>	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	DVSP	[ ] DELETE
NAME	<b>FRANK II, JOHN M</b>	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	100002828304 8
14 CITY-ST-ZIP	14/02/99-01087-001
21 TITLE	***150.00 ***150.00
22 NAME	[ ] Change X Addition
23 STREET ADDRESS	DVP Joe Swedish
24 CITY-ST-ZIP	
31 TITLE	[ ] Change X Addition
32 NAME	DVP Jay Grinney
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	X Change [ ] Addition
42 NAME	VP
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change X Addition
52 NAME	AS David Denson
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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

3-29-99

DATE

FILED

99 APR -2 PM 2:30

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1993

4. FEI Number

61-1249697

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

CR2E034 (11/98)

0623136