

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:36

DOCUMENT # **P94000058656 (7)**

1. Corporation Name

TAMPA BAY HEALTH SYSTEM, INC.

Principal Place of Business

12800 UNIVERSITY DR., SUITE 560
FORT MYERS FL 33907

Mailing Address

12800 UNIVERSITY DR., SUITE 560
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/09/1994

3a. Date of Last Report

2. Principal Place of Business

21 **ONE PARK PLAZA**

Suite, Apt. #, etc.

22 City & State

23 **NASHVILLE TN**

Zip

24 **37203**

Country

2a. Mailing Address

26 **PO BOX 570**

Suite, Apt. #, etc.

27 City & State

28 **ATTN: TAX DEPT NASHVILLE TN**

Zip

29 **37202**

Country

4. FEI Number

61-1269299

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

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 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 if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	VANDEWATER, DAVID T
STREET ADDRESS	201 W. MAIN STREET
CITY, ST, ZIP	LOUISVILLE KY 40202
TITLE	D
NAME	MOEN, DANIEL J
STREET ADDRESS	7975 N.W. 154TH ST., #400A
CITY, ST, ZIP	MIAMI LAKES FL 33016
TITLE	D
NAME	HUSSEY, WILLIAM S
STREET ADDRESS	12800 UNIVERSITY DR., SUITE 560
CITY, ST, ZIP	FORT MYERS FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SEE SCHEDULE ATTACHED
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	
32 NAME	D, VP, S
33 STREET ADDRESS	HOPPING, JAMIE E.
34 CITY, ST, ZIP	7975 NW 154th St. Ste 400A MIAMI LAKES, FL 33016
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	REMITTED BY MAY 1
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *BD Ewald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95

615-320-2151

994 58656 2

**OFFICERS AND DIRECTORS
OF
TAMPA BAY HEALTH SYSTEM, INC.**

- *David T. Vandewater** **Chairman** 201 West Main Street
Louisville, KY 40202
- *Daniel J. Moon** **President-Florida Group** 7975 NW 154th St., Ste. 400A
Miami, Lakes, FL 33016
- Stephen T. Braun** **Senior Vice President and Secretary** 201 West Main Street
Louisville, KY 40202
- David C. Colby** **Senior Vice President, Chief Financial
Officer and Treasurer** 201 West Main Street
Louisville, KY 40202
- Samuel A. Greco** **Senior Vice President-Finance** 201 West Main Street
Louisville, KY 40202
- Joseph D. Moore** **Senior Vice President** One Park Plaza
Nashville, TN 37203
- Brandi D. Bwoldt** **Vice President and Assistant Secretary** 201 West Main Street
Louisville, KY 40202
- *Jamic E. Hopping** **Vice President and Assistant Secretary** 7975 NW 154th St., Ste. 400A
Miami Lakes, FL 33016
- Mike Jeunesse** **Vice President and Assistant Secretary** 7201 N. University Drive
Tamarac, FL 33321
- Rachel A. Seifert** **Vice President and Assistant Secretary** 201 West Main Street
Louisville, KY 40202
- *Directors
(Florida)**

Post-It [®] Fax Note	7671	Date	# of pages 2
To: Carol Cox		From: J. Crawford	
Co./Dept: Tax		Co: Law	
Phone #		Phone #	
Fax # 580-3906		Fax #	