

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000058656**  
1. Corporation Name

**TAMPA BAY HEALTH SYSTEM, INC.**

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **8/9/94** 3a. Date of Last Report **4/28/95**

|  |                         |  |                         |             |   |  |  |                         |             |                                    |  |  |   |   |
|--|-------------------------|--|-------------------------|-------------|---|--|--|-------------------------|-------------|------------------------------------|--|--|---|---|
| 21. Principal Place of Business<br><b>ONE PARK PLAZA</b> | 22. Suite, Apt. #, etc. | 23. City & State<br><b>NASHVILLE, TN</b> | 24. Zip<br><b>37203</b> | 25. Country | 26. Mailing Address<br><b>C/O Columbia/HCA Tax Dept</b> | 27. Suite, Apt. #, etc.<br><b>P.O. Box 570</b> | 28. City & State<br><b>NASHVILLE, TN</b> | 29. Zip<br><b>37202</b> | 30. Country | 4. FEI Number<br><b>61-1269299</b> | Applied For<br><input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|-------------------------|--|-------------------------|-------------|---|--|--|-------------------------|-------------|------------------------------------|--|--|---|---|

9. Name and Address of Current Registered Agent  
**THE PRENTICE - HALL CORPORATION SYSTEM, INC**  
**1201 HAYS STREET**  
**SUITE 105**  
**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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS       |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------------|--|---|---|
| TITLE<br>✓ PD                    | NAME<br>DANIEL MOEN                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>ONE PARK PLAZA | CITY - ST - ZIP<br>NASHVILLE, TN 37203 | 1.2 NAME  |   |
| TITLE                            | NAME                                   | 1.3 STREET ADDRESS                                    |   |
| ✓ V                              | STEPHEN T. BRAUN                       | 1.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>ONE PARK PLAZA | CITY - ST - ZIP<br>NASHVILLE, TN 37203 | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                            | NAME                                   | 2.2 NAME  |   |
| ✓ VT                             | DAVID C. COLBY                         | 2.3 STREET ADDRESS                                    |   |
| STREET ADDRESS<br>ONE PARK PLAZA | CITY - ST - ZIP<br>NASHVILLE, TN 37203 | 2.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                            | NAME                                   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ✓ VD                             | DAVID VANDEWATER                       | 3.2 NAME  |   |
| STREET ADDRESS<br>ONE PARK PLAZA | CITY - ST - ZIP<br>NASHVILLE, TN 37203 | 3.3 STREET ADDRESS                                    |   |
| TITLE                            | NAME                                   | 3.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ✓ S                              | John M. Franck                         | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>ONE PARK PLAZA | CITY - ST - ZIP<br>NASHVILLE, TN 37203 | 4.2 NAME  |   |
| TITLE                            | NAME                                   | 4.3 STREET ADDRESS                                    |   |
| ✓ V                              | R. MILTON JOHNSON                      | 4.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>ONE PARK PLAZA | CITY - ST - ZIP<br>NASHVILLE, TN 37203 | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                            | NAME                                   | 5.2 NAME  |   |
| 600001844506                     |  | 5.3 STREET ADDRESS                                    |   |
| -05/30/96--01054--027            |  | 5.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ***200.00                        |  | 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 is voluntarily furnished 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: \_\_\_\_\_ John Franck \_\_\_\_\_ 5-1-96