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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000103426 (8) DOCUMENT # 1. Corporation Name

COLUMBIA TAMPA BAY DIVISION, INC.

Principal Place of Business Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



ONE PARK PLAZA NASHVILLE TN 37203		- ONE-PARK-P LAZA - NASHVILLE-TN-372 03 - US-		DO NOT WRITE	IN THIS SPACE		
	•				3. Date Incorporated or Qualified 12/24/1996		·
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21		26 PO BOX 750		62-1669574		Not Applicable	
Suite, Apt. #, etc.		Suito, Apt. #, etc.		5. Certificate of Status Desired	tificate of Status Desired S8.75 Additional Fee Regulred		
City & State		28 Nashville TN			6. Election Campaign Financing Trust Fund Contribution Added to Fees		
Zip 24	Country 25		30 Coyntry	A	This corporation owes or has pai Personal Property Tax due June	30. 🔲 Yes	r Intangible
	9. Name and Address of Current		81		10. Name and Address of New Reg	gistered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC.				Name			
1201 HAYS STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable	le)	
TA	LLAHASSEE FL 32301		00				
			63				Ì
	-		84	City		FL 85	Zip Code
44 5	4.4	and COT 4500 Flavida Statuto	- 15		aration as brolles their atatagement for the ar		na ita kanintarad
office or r	egistered agent, or both, in the State (of Florida. Such change was a	uthorized by tl	iamed corpo ne corporation	oration submits this statement for the pl on's board of directors. I hereby accep	urpose or changi of the appointmen	it as registered
agent. La	m familiar with, and accept the obliga	tions of, Section 607.05 05, Flor	rida Statutes.				
SIGNATURE	Signalure, typed or printed name of registered agen	Land the if applicable ANOTE	- Danietorad Agent	ojao atura ragiura	ed when reinstating)	DATE	
12.	OFFICERS AND		13.	signature require	_ ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	-10-	DELETE	1.1 TITLE	T R	\$	☐ Char	
NAME	-Braun, Stephen T		1.2 NAME	121	lackwood, Dora	Д	
STREET ADDRESS	ONE PARK PLAZA		1.3 STREET AC		tomesocci, politic	• • •	
CITY-ST-ZIP	NASHVILLE TN 37203		1.4 CiTY-S1-	ZIP			
TITLE	D	DELETE	2.1 TITLE		<u> </u>	Char	nge 🔲 Addition
NAME	Donahey, Kenneth C	DONAHEY, KENNETH C					•
STREET ADDRESS	ONE PARK PLAZA		2.3 STREET AC	DRESS			
CITY-ST-ZIP	NASHVILLE TN 37203		2.4 CITY-ST-	ZIP			
TITLE	D	DELETE	3 1 TITLE			☐ Char	nge 🔲 Addition
NAME	ELTON, ROSALYN S		3 2 NAME				
STREET ADDRESS	ONE PARK PLAZA		3.3 STREET AC	IDRESS			
CITY-ST-ZIP	NASHVILLE TN 37203		3.4. CITY - ST-	ZIP			
TITLE	J.S.	☐ DELETE	4.1 TITLE		XY'S	Char	nge 🔲 Addition
NAME	FRANCK, JOHN M II		4. 2 NAME				
STREET ADDRESS	ONE PARK PLAZA		4.3 STREET AC	idress			
CITY-ST-ZIP	NASHVILLE TN		4.4 CITY - ST -	ZIP		···	
TITLE		☐ DELETE	5.1 TITLE			Char	nge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET AC	IDRESS			
CITY-ST-ZIP			5.4 CITY-ST-	ZIP		·····	4 4 104
TITLE		DELETE	6.1 TITLE			☐ Char	nge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET AC	DRESS			
CITY-ST-ZIP			6.4 CITY-ST-	ZIP			

14. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.