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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # V69317 (8)

1. Corporation Name
HAMILTON MEMORIAL HOSPITAL, INC.

Principal Place of Business Mailing Address

**201 W MAIN STREET
LOUISVILLE KY 40202
US**

**500 WEST MAIN STREET
P. O. BOX 740035 ATTN: TAX DEPT.
LOUISVILLE KY 40201-7435
US**

3. Date Incorporated or Qualified: **10/07/1992**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **61-1227423**

Applied For: 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

2. Principal Place of Business

21. **ONE PARK PLAZA**

22. Suite, Apt. #, etc.

23. **NASHVILLE TN**

24. Zip: **37203**

25. Country

26. Mailing Address

26. **PO BOX 570**

27. Suite, Apt. #, etc. **ATTN: TAX DEPT**

28. City & State **NASHVILLE TN**

29. Zip: **37202**

30. Country

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

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City

B5. Zip Code **FL**

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 _____ DATE _____

Signature: typed or printed name of registered agent (not both if applicable) NOTE: Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	SCOTT, RICHARD L.
STREET ADDRESS	201 W MAIN STREET
CITY - ST - ZIP	LOUISVILLE KY
TITLE	COO
NAME	VANDEWATER, DAVID T
STREET ADDRESS	201 W MAIN STREET
CITY - ST - ZIP	LOUISVILLE KY
TITLE	VPGC
NAME	BRAUN, STEPHEN T
STREET ADDRESS	201 W MAIN STREET
CITY - ST - ZIP	LOUISVILLE KY
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DANIEL J. MOEN	
13 STREET ADDRESS	ONE PARK PLAZA	
14 CITY - ST - ZIP	NASHVILLE TN 37203	
21 TITLE	D SVP T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DAVID C. COLBY	
23 STREET ADDRESS	ONE PARK PLAZA	
24 CITY - ST - ZIP	NASHVILLE TN 37203	
31 TITLE	D SVP S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	ONE PARK PLAZA	
34 CITY - ST - ZIP	NASHVILLE TN 37203	
41 TITLE	D SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	RICHARD A. SCHWEINHART	
43 STREET ADDRESS	ONE PARK PLAZA	
44 CITY - ST - ZIP	NASHVILLE TN 37203	
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		
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 110.07(3)(k), Florida Statutes. I further certify that the information disclosed 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:  **Brandi D Ewaldt** **615 320 2157**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Telephone (Area #)

December 30, 1984

J69517

**OFFICERS AND DIRECTORS
OF
HAMILTON MEMORIAL HOSPITAL, INC.**

Daniel J. Moen	President	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 and Treasurer	201 West Main Street Louisville, KY 40202
Paul C. McKnight	Senior Vice President	1830 Buford Court Tallahassee, FL 32308
Joseph D. Moore	Senior Vice President	One Park Plaza Nashville, TN 37203
*Richard A. Schweinhart	Senior Vice President	201 West Main Street Louisville, KY 40202
David G. Anderson	Vice President and Assistant Treasurer	201 West Main Street Louisville, KY 40202
Jeff Anthony	Vice President	1830 Buford Court Tallahassee, FL 32308
David T. Bradford	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Ashby Q. Burks	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Bettye J. Daugherty	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Brandi D. Ewoldt	Vice President	500 West Main St., 10th Floor Louisville, KY 40202
James D. Hinton	Vice President	1401 Mitchell Avenue Jeffersonville, IN 47131-0563
Jay Jarrell	Vice President	7975 NW 154th St., Ste. 400A Miami Lakes, FL 33016
David J. Malone, Jr.	Vice President	One Park Plaza Nashville, TN 37203
Rachel A. Seifert	Vice President and Assistant Secretary	201 West Main Street Louisville, KY 40202
Linda J. McDonald	Assistant Secretary	201 West Main Street Louisville, KY 40202

***Directors
(Florida)**

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, and Assistant Administrator of facilities owned and/or operated by this Corporation, are authorized by the Board of Directors of this Corporation to negotiate and enter into contracts and agreements necessary in the conduct of the day-to-day business of such facility, including, but not limited to, physician contracts, leases, purchase agreements, etc., which with the advice of legal counsel, shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolution required in connection with such contracts and agreements.