

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90042 001 ***150.00

DOCUMENT # V69317

1. Entity Name

HAMILTON MEMORIAL HOSPITAL, INC.

Principal Place of Business

Mailing Address

**ONE PARK PLAZA
 NASHVILLE TN 37203
 US**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **61-1227423**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--------------------|---|-------------------|
| TITLE | NAME | TITLE | NAME |
| DP | MOORE, A. BRUCE | DVP | |
| ONE PARK PLAZA | ONE PARK PLAZA | | |
| NASHVILLE TN 37203 | NASHVILLE TN 37203 | | |
| AS | BLACKWOOD, DORA A | DUP | R. Milton Johnson |
| ONE PARK PLAZA | ONE PARK PLAZA | ONE PARK PLAZA | ONE PARK PLAZA |
| NASHVILLE TN | NASHVILLE TN | NASHVILLE TN | NASHVILLE TN |
| AS | DENSON, DAVID L | | |
| ONE PARK PLAZA | ONE PARK PLAZA | | |
| NASHVILLE TN 37203 | NASHVILLE TN 37203 | | |
| DVS | FRANCK, JOHN M | | |
| ONE PARK PLAZA | ONE PARK PLAZA | | |
| NASHVILLE TN | NASHVILLE TN | | |
| AS | NEVENS, ROBERT | | |
| ONE PARK PLAZA | ONE PARK PLAZA | | |
| NASHVILLE TN | NASHVILLE TN | | |
| VP | GRUBBS, RONALD LEE | | |
| ONE PARK PLAZA | ONE PARK PLAZA | | |
| NASHVILLE TN 37203 | NASHVILLE TN 37203 | | |

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
David Denson
Assistant Secretary

3-9-01 (415) 344-2575
 Date Daytime Phone #

CR2E034 (10/00)