

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

FILED  
May 01, 1996 08:00 AM  
Secretary of State

DOCUMENT # 487280 (0)

1. Corporation Name

BAY HOSPITAL, INC.



Principal Place of Business

Mailing Address

ONE PARK PLAZA  
BOX 550  
NASHVILLE TN 37203  
US

ATTN: TAX DEPT.  
P.O. BOX 570  
NASHVILLE TN 37202  
US

3. Date Incorporated or Qualified  
10/07/1975

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

4. FEI Number  
62-0976863

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

10. Name and Address of New Registered Agent

TPH  
110 NORTH MAGNOLIA STREET 1201 HANS STREET  
TALLAHASSEE FL 32301

81 Name

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

83

N/A

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 P  
NAME MOEN, DANIEL  
STREET ADDRESS ONE PARK PLACE  
CITY-STATE-ZIP NASHVILLE TN ☐ DELETE

TITLE SVPD  
NAME BRAUN, STEPHEN T.  
STREET ADDRESS ONE PARK PLACE  
CITY-STATE-ZIP NASHVILLE TN ☐ DELETE

TITLE SVTD  
NAME COLBY, DAVID C.  
STREET ADDRESS ONE PARK PLACE  
CITY-STATE-ZIP NASHVILLE TN ☐ DELETE

TITLE SVP  
NAME SCHWEINHART, RICHARD  
STREET ADDRESS ONE PARK PLACE  
CITY-STATE-ZIP NASHVILLE TN ☐ DELETE

TITLE VPF  
NAME GRECO, SAMUEL A  
STREET ADDRESS 201 W MAIN STREET  
CITY-STATE-ZIP LOUISVILLE KY ☒ DELETE

TITLE T  
NAME SWAIN, DON D.  
STREET ADDRESS ONE PARK PLAZA  
CITY-STATE-ZIP NASHVILLE, TN 00000 ☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

DIV ☒ Change ☐ Addition

DIV ☒ Change ☐ Addition

DIV ☒ Change ☐ Addition

V. ☐ Change ☒ Addition

S ☐ Change ☒ Addition

R. MILTON JOHNSON  
ONE PARK PLAZA  
NASHVILLE, TN 37203

John M. Franck  
ONE PARK PLAZA  
Nashville TN 37203

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/01/96 (45) 327-9551

CR2E034 (12/95)