

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 487280

(0)

1. Corporation Name  
BAY HOSPITAL, INC.

Principal Place of Business

ONE PARK PLAZA  
BOX 550  
NASHVILLE TN 37203  
US

Mailing Address

ATTN: TAX DEPT.  
P.O. BOX 570  
NASHVILLE TN 37202-0570  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24 Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

9. Name and Address of Current Registered Agent

TPH-  
1201 HAYS STREET  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

10/07/1975

3a. Date of Last Report

05/01/1996

4. FEI Number

62-0976863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes ☐ No

10. Name and Address of New Registered Agent

81 The Prontice-Hall Corporation System  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

FL

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 type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                 | STREET ADDRESS   | CITY - ST - ZIP | DELETED                             |
|-------|----------------------|------------------|-----------------|-------------------------------------|
| P     | MOEN, DANIEL         | ONE PARK PLACE   | NASHVILLE TN    | <input checked="" type="checkbox"/> |
| DV    | BRAUN, STEPHEN T.    | ONE PARK PLACE   | NASHVILLE TN    | <input type="checkbox"/>            |
| DTV   | GOLBY, DAVID C.      | ONE PARK PLACE   | NASHVILLE TN    | <input type="checkbox"/>            |
| DV    | SCHWEINHART, RICHARD | ONE PARK PLACE   | NASHVILLE TN    | <input type="checkbox"/>            |
| V     | JOHNSON, R. MILTON   | ONE PARK PLAZA   | NASHVILLE TN    | <input type="checkbox"/>            |
| S     | FRANCK, JOHN M       | ONE PARK PLAZA < | NASHVILLE TN    | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETED                             | Change                   | Addition                 |
|-------|------|----------------|-----------------|-------------------------------------|--------------------------|--------------------------|
| 1.1   | 1.2  | 1.3            | 1.4             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1   | 2.2  | 2.3            | 2.4             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1   | 3.2  | 3.3            | 3.4             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1   | 4.2  | 4.3            | 4.4             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1   | 5.2  | 5.3            | 5.4             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1   | 6.2  | 6.3            | 6.4             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0476726

CR2E034 (9/96)