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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 654305 (2)
1. Corporation Name
CENTRAL FLORIDA REGIONAL HOSPITAL, INC.



Principal Place of Business
ONE PARK PLAZA
ONE PARK PLAZA
NASHVILLE TN 37203
US
BOX 550
Mailing Address
P.O. BOX 750
NASHVILLE TN 37202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/31/1980

4. FEI Number
59-1978725
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
JOHNSON, R. MILTON
ONE PARK PLAZA
NASHVILLE TN
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FRANCK, JOHN
ONE PARK PLAZA
NASHVILLE TN
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSVA
BRAUN, STEPHEN
ONE PARK PLAZA
NASHVILLE TN
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MOEN, DANIEL J.
ONE PARK PLAZA
NASHVILLE TN
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
DONAHEY, KENNETH
ONE PARK PLAZA
NASHVILLE TN
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MOORE, JOSEPH D.
ONE PARK PLAZA
NASHVILLE TN
☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DSVPS
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
DV
Elton, Rosalyn
☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
DSVAT
☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
AS
Dora A. Blackwood
☐ Change ☒ Addition

14. 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 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

4/11/98

CR2E034 (10/97)