PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F93222**

1. Corporation Name

GRANT CENTER HOSPITAL OF OCALA, INC.

Principal Plac	ce of Business	Mailing Address			I (BODINGO HIRE HOTEO HILE HERE HIRE HERE ENDIN HERE E	811 81811 81811 81811 81811 81811 1861
ONE PARK PL	AZA	PO BOX 750				
P. O. BOX 550		ATTN: TAX DEPT				
nashville ti US	N 3/203	NASHVILLE TN 37202 US			DO NOT WRITE IN T	HIS SPACE
""		03			• 3. Date Incorporated or Qualifed	
2. Principal 6	Place of Business	2a. Mailing Address			07/30/1982	
21	mod or positiogs	h · · I			4, FEI-Number	Applied For
Suite, Apt	. #, etc	Suite, Apt #, etc			59-2245546	Not Applicable
22	• • • • • • • • • • • • • • • • • • • •	27			5. Certificate of Status Deginer []	\$8.75 Additional Fee Required
City & Sta	te	City & State			6. Flex bon Campaign Financing	
23		28			Trost Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Zip	Country		8. This corporation owes the current year	
24	25	29 30			Personal Property 1a	[]Yes []No
	9. Name and Address of Curren		[10. Name and Address of New Register	
			81	Name	· ·	-
	PRENTICE-HALL CORPORATION	i system inc.	82	Steamt Adde	constitution for the standard of the Advisor to the standard of the standard o	
	1 HAYS STREET		102	Suedi Man	ress (P.O. Box Nyrijber is Not Acceptable) 4	5464- 31
	TE 105		83		- 03/23/99 ·	-01088016
TAL	LAHASSEE FL 32301		84	Cal	****150.0	0 ****150,00
				City	F	
onice or i	to the provisions of Sections 607.050, registered agent, or both, in the State of am familiar with, and accept the obligat	of Monda, Such change was autho	rized by 1	named corporation	oration submits this statement for the purpose on's board of directors. Thereby accept the ap-	of changing its registered pointment as registered
SIGNATURE						
43	Signature, typed or printed name of registered agent			s public napole	$2W^* + (t + 1)^* + (t + 1)^*$	
12.	OFFICERS ANI	D DIRECTORS	13.	: A c	C ADDITIONS/CHANGES TO OFFICERS	
	AS DIACKWOOD DA		1 1 T-T1 F	17	.a.	
NAME	BLACKWOOD, D A		1.2 NAME	$-+\mathcal{D}$	avid L. Deuson	
STREET ADORESS			13 STREET A	ADDRESS.	- · ·	
City-S1-ZiP Title	NASHVILLE TN	V .	14 CHY-51-	·20:	JP	
	DONAUEY	/ *	21 Till, f		. Bruce Moore	[Change X Abit or
NAME OVEREY ADDRESS	DONAHEY, K		2.2 NAME		JINO MORC	
STREET ADDRESS	ONE PARK PLAZA	<u>. I</u>	215TREFT#			
CITY-ST-ZIP	NASHVILLE TN	and the second of the second o	2.4 CHY-ST	·76	vP	V
TITLE	D ANITON IOUNICON		3 1 UTLF		7V1	Change [] Addition
NAME	R. MILTON JOHNSON		3.2 NAME			j
STREET ADDRESS	ONE PARK PLAZA		3351-6F1A	1		
CITY-ST-ZIP	NASHMLLE TN		34 C/1Y-SI-	·Ziii \/ D	>	
TITLE	DVPS		41 Tri.E	7	mental la Carl	[]Chalign KIAddon
NAME	JOHN M. FRANCK		4.2 NAM*	I	onaud Lee Grubb	S
STREET ADDRESS	ONE PARK PLAZA		13 STREET A			
CITY-ST-ZIP	NASHVILLE TN		14 CHY-\$1-;	Zir*	•	
TITLE			5 1 THEF		NZ	[i Change
NAME			5.2 NAME		(1)	1114
STREET ADDRESS			STREETA		₩ 17	, "('
CITY-ST-ZIP		and the second of the second o	4 OTY-51-2	Zi:	ガル	
TITLE		E i beet ie	5 1 111 _s E		7	[Change [Acition
NAME		F.	2 NAME			
				* · · · * 1		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119:07(3)(i). Flank I : Statutes: I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation or the seceiver or trustle 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

FO NAME OF SIGNING DEFICER OR DIRECTOR

- - 100/100 11/0 18/00 11/10 11/10 11/10 11/10 11/10 11/10 11/10 11/10 11/10 11/10 11/10 11/10 11/10 11/10 11



* * February 1, 1999

OFFICERS AND DIRECTORS OF GRANT CENTER HOSPITAL OF OCALA, INC.

Jack O. Bovender, Jr.	President	One Park Plaza Nashville, TN 37203
Victor L. Campbell	Senior Vice President	One Park Plaza Nashville, TN 37203
Robert Waterman	Senior Vice President	One Park Plaza Nashville, TN 37203
David G. Anderson	Vice President and Treasurer	One Park Plaza Nashville, TN 37203
Rosalyn S. Elton	Vice President	One Park Plaza Nashville, TN 37203
*A. Bruce Moore	Vice President	One Park Plaza Nashville, TN 37203
V. Carl George	Vice President	One Park Plaza · Nashville, TN 37203
* R. Milton Johnson	Vice President	One Park Plaza Nashville, TN 37203
*John M. Franck II	Vice President and Secretary	One Park Plaza Nashville, TN 37203
James D. Hinton	Vice President	One Park Plaza Nashville, TN 37203
Howard K. Patterson	Vice President	One Park Plaza Nashville, TN 37203
Lyle Reid	Vice President	One Park Plaza Nashville, TN 37203
Ronald Lee Grubbs	Vice President	One Park Plaza Nashville, TN 37203
Steven E. Clifton	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Bettye D. Daugherty	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Tom C. Gormley	Vice President	One Park Plaza Nashville, TN 37203
Mike T. Bray	Vice President	One Park Plaza Nashville, TN 37203
Dora A. Blackwood	Assistant Secretary	One Park Plaza Nashville, TN 37203
David L. Denson	Assistant Secretary	One Park Plaza Nashville, TN 37203



Dianne Johnson

Assistant Secretary

One Park Plaza Nashville, TN 37203

*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, cost reports, 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.