

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 487397

**Entity Name:** LAWNWOOD MEDICAL CENTER, INC.

**Current Principal Place of Business:**

ONE PARK PLAZA  
NASHVILLE, TN 37203

**FILED**  
**Apr 18, 2018**  
**Secretary of State**  
**CC3171799959**

**Current Mailing Address:**

P.O. BOX 750  
NASHVILLE, TN 37202 US

**FEI Number: 59-1764486**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name HAZEN, SAMUEL N  
Address ONE PARK PLAZA  
City-State-Zip: NASHVILLE TN 37203

Title DSVP  
Name WYATT, CHRISTOPHER F  
Address ONE PARK PLAZA  
City-State-Zip: NASHVILLE TN 37203

Title DVPA  
Name FRANCK, JOHN M II  
Address ONE PARK PLAZA  
City-State-Zip: NASHVILLE TN 37203

Title VPS  
Name CLINE, NATALIE H  
Address ONE PARK PLAZA  
City-State-Zip: NASHVILLE TN 37203

Title SVPT  
Name MORROW, J. WILLIAM B.  
Address ONE PARK PLAZA  
City-State-Zip: NASHVILLE TN 37203

Title VP  
Name GRUBBS, RONALD L JR.  
Address ONE PARK PLAZA  
City-State-Zip: NASHVILLE TN 37203

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: NATALIE H. CLINE**

**VPS**

**04/18/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date