## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103426

Entity Name: COLUMBIA TAMPA BAY DIVISION, INC.

#### **Current Principal Place of Business:**

ONE PARK PLAZA NASHVILLE, TN 37203

#### **Current Mailing Address:**

P.O. BOX 750 NASHVILLE, TN 37202 US

## FEI Number: 62-1669574

### Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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

### **Officer/Director Detail :**

| Title           | DP                 | Title           | DSVP                 |
|-----------------|--------------------|-----------------|----------------------|
| Name            | HAZEN, SAMUEL N    | Name            | STINNETT, DONALD W   |
| Address         | ONE PARK PLAZA     | Address         | ONE PARK PLAZA       |
| City-State-Zip: | NASHVILLE TN 37203 | City-State-Zip: | NASHVILLE TN 37203   |
| Title           | DVPA               | Title           | VPS                  |
| Name            | FRANCK, JOHN M II  | Name            | CLINE, NATALIE H.    |
| Address         | ONE PARK PLAZA     | Address         | ONE PARK PLAZA       |
| City-State-Zip: | NASHVILLE TN 37203 | City-State-Zip: | NASHVILLE TN 37203   |
| Title           | VPT                | Title           | VP                   |
| Name            | GIGER, KEITH M     | Name            | GRUBBS, RONALD L JR. |
| Address         | ONE PARK PLAZA     | Address         | ONE PARK PLAZA       |
| City-State-Zip: | NASHVILLE TN 37203 | 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

04/25/2015

Date

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 25, 2015 Secretary of State CC7064950092