

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000015120

Entity Name: COLUMBIA OCALA REGIONAL MEDICAL CENTER PHYSICIAN GROUP, INC.

FILED
Apr 24, 2017
Secretary of State
CC6177218751

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203

Current Mailing Address:

P.O. BOX 750
NASHVILLE, TN 37202-0750 US

FEI Number: 62-1678901

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 P
Name CUFFE, MICHAEL
Address THREE MARYLAND FARMS, STE., 250
City-State-Zip: BRENTWOOD TN 37027

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

Title DSVP
Name RUTHERFORD, WILLIAM B
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

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

04/24/2017

Electronic Signature of Signing Officer/Director Detail

Date