2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000022120

Entity Name: COLUMBIA PHYSICIAN SERVICES - FLORIDA GROUP, INC.

FILED Apr 24, 2016 Secretary of State CC3392623461

Current Principal Place of Business:

ONE PARK PLAZA NASHVILLE, TN 37203

Current Mailing Address:

P.O. BOX 750

NASHVILLE. TN 37202 US

FEI Number: 62-1687293 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 Title DSVP

Name CUFFE, MICHAEL Name WYATT, CHRISTOPHER F

Address THREE MARYLAND FARMS, STE. 250 Address ONE PARK PLAZA

City-State-Zip: BRENTWOOD TN 37027 City-State-Zip: NASHVILLE TN 37203

Title DVPA Title DSVP

Name FRANCK, JOHN M II Name RUTHERFORD, WILLIAM B

Address ONE PARK PLAZA Address ONE PARK PLAZA

City-State-Zip: NASHVILLE TN 37203 City-State-Zip: NASHVILLE TN 37203

Title SVPT Title VPS

NameANDERSON, DAVID GNameCLINE, NATALIE H.AddressONE PARK PLAZAAddressONE PARK PLAZACity-State-Zip:NASHVILLE TN 37203City-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.

Electronic Signature of Signing Officer/Director Detail