

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828628

Entity Name: SUN BAY MEDICAL OFFICE BUILDING, INC.**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: 59-1817636**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 37203Title DVPA
Name FRANCK, JOHN M II
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203Title DSVP
Name WYATT, CHRISTOPHER F
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203Title VP
Name GRUBBS, RONALD L JR.
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203Title VPS
Name CLINE, NATALIE H
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203Title SVPT
Name MORROW, J. WILLIAM B.
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****04/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date