

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01 1998 8:00am  
Secretary of State

DOCUMENT # 278594 (7)  
1. Corporation Name  
HOSPITAL DEVELOPMENT & SERVICE CORP.



Principal Place of Business  
ONE PARK PLAZA  
P.O. BOX 570  
NASHVILLE TN 37202

Mailing Address  
PO BOX 750  
P.O. BOX 570  
NASHVILLE TN 37202  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified  
02/18/1964

4. FEI Number  
59-1115941

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
JOHNSON, R. MILTON  
ONE PARK PLAZA  
NASHVILLE TN 37202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FRANCK II, JOHN M  
ONE PARK PLAZA  
NASHVILLE TN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
-DSVA-  
-BRAUN, STEPHEN T  
ONE PARK PLAZA  
NASHVILLE TN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
-DSVA-  
DONAHEY, KENNETH  
ONE PARK PLAZA  
NASHVILLE TN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
DELETED

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
DVPS

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
DVP  
Elton, Rosalyn

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
DSVA T

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
AS  
Blackwood, Dora A.  
One Park Plaza  
Nashville TN 37203

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
DELETED

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

4/16/98

CR2E034 (10/97)