

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

FILED

May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 337316 (4)  
1. Corporation Name  
CHARLOTTE COMMUNITY HOSPITAL, INC.



Principal Place of Business  
ONE PARK PLAZA  
777 MAIN STREET, SUITE 2100  
NASHVILLE TN 37203  
US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/04/1968

4. FEI Number  
59-1276735

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
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  
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

~~WANDERWATER, DAVID T.~~  
ON EPARK PLAZA  
NASHVILLE TN

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~SVBD~~  
BROWN, STEPHEN  
ONE PARK PLAZA  
NASHVILLE TN

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~SVTD~~  
DONAHEY, KENNETH  
ONE PARK PLAZA  
NASHVILLE TN

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~SV~~  
MOORE, JOSEPH  
ONE PARK PLAZA  
NASHVILLE TN

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~VD~~  
ELTON, ROSALYN  
ONE PARK PLAZA  
NASHVILLE TN

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~V~~  
ANDERSON, DAVID G.  
ONE PARK PLAZA  
NASHVILLE TN

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☒ Addition

P.  
Bavender, Jack O.

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

☐ Change ☒ Addition

DVS  
Franck, John M II

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

DSVAT

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

☐ Change ☒ Addition

AS  
Blackwood, Dora A.

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☒ Addition

V  
Johnson, R.M.  
One Park Plaza Nashville, TN  
37203

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]

4/11/98

CR2E034 (10/97)