

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 453708 (0)

1. Corporation Name

TAMARAC HOSPITAL CORPORATION, INC.

Principal Place of Business

ONE PARK PLAZA
P. O. BOX 550
NASHVILLE TN 37203
US

Mailing Address

P. O. BOX 570
ATTN: TAX DEPT
NASHVILLE TN 37202-0570
US

3. Date Incorporated or Qualified

05/27/1974

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 PO BOX 750

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

4. FEI Number

59-1526455

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
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 of officer, director, or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	MOEN, DANIEL	<input checked="" type="checkbox"/> DELETE
NAME		7975 NW 154TH STR., #400A	
STREET ADDRESS		MIAMI LAKES FL	
CITY - ST - ZIP			
TITLE	V	JOHNSON, R. MILTON	<input type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE TN	
CITY - ST - ZIP			
TITLE	VTD	OLBY, DAVID C.	<input type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE, TN 00000	
CITY - ST - ZIP			
TITLE	VASO	BRAUN, STEPHEN T.	<input type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE, TN 0	
CITY - ST - ZIP			
TITLE	VD	SCHWEINHART, RICHARD A.	<input type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE, TN 00000	
CITY - ST - ZIP			
TITLE	S	FRANCK, JOHN M.	<input type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE, TN 00000	
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Doranay, Kenneth
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Elton, Rosalyn
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0476700

CR2E034 (9/96)