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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

453708

(0)

TAMARAC HOSPITAL CORPORATION, INC.

**FILED** May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						: <b>Disol Bilon</b> IIIII 1881 188101				
ONE PARK P		PO BOX 750	•							
P. O. BOX 55	50	NASHVILLE TN 37203								
nashville t   US	N 37203	US	US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
					3. Date ind		1			
	lace of Business	2a. Mailing Address	2a. Mailing Address			nber		Appl	lied For	
21		26				1526455			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	~¬			ate of Status Desired	1   7	<b>8.75</b> Ad Fee Requ		
City & State	6	City & State	City & State			Campaign Financing		<b>5.00</b> м		
23		28				and Contribution		Added to		
Zip	Country	Ζφ	Coun	lry	B. This cor	poration owes or has p	paid the current y	oar Intan	ngible	
24	25	29	30		Personal Property Tax due June 30, 🔲 Yes 🔲 No					
	9. Name and Address of Curr			41 17		and Address of New P	Registered Agen	<u> </u>		
I MENTIOL HALL COM CHANGE CICIEM, INC.					81 Name					
1201 HAYS ST SUITE 105			1	2 Stree	Address (P.O. Box I	Number is Not Accepte	able)			
	LLAHASSEE FL 32301		1	3						
			-	4 City			85	Zip Co	nde	
							FL			
office or r	to the provisions of Sections 607.09 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was	authorized	by the co	d corporation submits rporation's board of c	s this statement for the directors. I hereby acc	purpose of char ept the appointm	iging its r ient as re	registered egistered	
SIGNATURE		gallering of position to the control of the control								
					re required when reinstating)		DATE		f	
12.	OFFICERS AND DIRECTORS  DELETE		13.		T	NS/CHANGES TO OFF			IN 12 S	
NAME	JOHNSON, R. MILTON	EJ OUGIE	1.2 NAM				<u>ا</u> ر	ницус (		
STREET ADDRESS	ONE PARK PLAZA			e Et address					[3	
CITY-ST-ZIP	NASHVILLE TN		•		1				1	
TITLE	טואג	DELETE	2.1 TOL	-ST-ZIP	TOSVAT		<b>\</b>	Change	Addition	
NAME	DONAHEY, KENNETH		2.2 NAM				70			
STREET ADDRESS	ONE PARK PLAZA	E DADY DIAZA		ET ADDRESS						
CITY-ST-ZIP	NASHVILLE, TN 00000			r-ST-ZIP						
TITLE	-VASD-	DELETE	3.1 TITL		AS			Change	Addition	
NAME	Braun, Stephen T:		3 2 NAM	E	-BIANKIN	ood, Dora	Α.			
STREET ADDRESS	ONE PARK PLAZA		3.3 STR	ET ADDRESS	Jum					
CITY-ST-ZIP	NASHVILLE, TN 0		3.4. CfT	r-SI-ZIP						
TITLE	VO .	☐ DELETE	4.1 TITL					Change	Addition	
NAME	ELTON, ROSALYN		4. 2 NAI	NE .						
STREET ADDRESS	ONE PARK PLAZA		4.3 STR	ET ADDRESS						
CITY-ST-ZIP	NASHVILLE, TN 00000		4.4 CITY	- \$1 - ZIP						
TITLE	-81	DELETE	5.1 TITL		DAS		A	Change	Addition	
NAME	FRANCK, JOHN M.			E			•			
STREET ADDRESS			5.3 STR	ET ADDRESS						
CITY-ST-ZIP	NASHVILLE, TN 00000		5.4 CITY	-ST-ZIP						
TITLE		DELETE 6.1						Change	Addition	
NAME			6.2 NAM	E						
STREET ADDRESS			6.3 STR	ET ADDRESS						
CITY-ST-ZiP				- ST - ZIP						
<b>14.   he</b> reby c	certify that the information supplied	with this filing does not qualify:	for the exer	nption sta	ted in Section 119.07	(3)(i), Florida Statutes.	. I further certify t	hat the in	normation	

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 officers.