

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **487280** (0)

1. Corporation Name
BAY HOSPITAL, INC.



Principal Place of Business: **ONE PARK PLAZA BOX 550 NASHVILLE TN 37203 US**
Mailing Address: **ATTN: TAX DEPT. P.O. BOX 570 NASHVILLE TN 37202 US**

3. Date Incorporated or Qualified: **10/07/1975**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24):
2a. Mailing Address (26-30):
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country

4. FEI Number: **62-0976863**
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
TPH 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301
1201 HANS STREET

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. **N/A**
84. City
85. Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOEN, DANIEL	1.2 NAME	
STREET ADDRESS	ONE PARK PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	
TITLE	SVPD <input type="checkbox"/> DELETE	2.1 TITLE	DIV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, STEPHEN T.	2.2 NAME	
STREET ADDRESS	ONE PARK PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP	
TITLE	SVID <input type="checkbox"/> DELETE	3.1 TITLE	D T V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBY, DAVID C.	3.2 NAME	
STREET ADDRESS	ONE PARK PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	DIV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEINHART, RICHARD	4.2 NAME	
STREET ADDRESS	ONE PARK PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	
TITLE	VPF <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRECO, SAMUEL A	5.2 NAME	R. MILTON JOHNSON
STREET ADDRESS	201 W MAIN STREET	5.3 STREET ADDRESS	ONE PARK PLAZA
CITY-ST-ZIP	LOUISVILLE KY	5.4 CITY-ST-ZIP	NASHVILLE, TN 37203
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWAIN, DON D.	6.2 NAME	John M Franck
STREET ADDRESS	ONE PARK PLAZA	6.3 STREET ADDRESS	ONE PARK PLAZA
CITY-ST-ZIP	NASHVILLE, TN 00000	6.4 CITY-ST-ZIP	Nashville TN 37203

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John M Franck Date: **5/01/96** (45) 327-9551

CR2E034 (12/95)