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FILED  
May 08 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 # 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 37202-0520  
US

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. 25.

28. Mailing Address  
26. PO Box 750  
27. Suite, Apt. #, etc.  
28. Nashville TN  
29. 37202  
30. USA

3. Date Incorporated or Qualified  
10/07/1975

3a. Date of Last Report  
05/01/1996

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-  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent  
81. The Prattice-Hall Corporation System, Inc.  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P MOEN, DANIEL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLACE	1.2 NAME
STREET ADDRESS	NASHVILLE TN	1.3 STREET ADDRESS
CITY, ST, ZIP		1.4 CITY, ST, ZIP
TITLE	DV BRAUN, STEPHEN T.	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLACE	2.2 NAME
STREET ADDRESS	NASHVILLE TN	2.3 STREET ADDRESS
CITY, ST, ZIP		2.4 CITY, ST, ZIP
TITLE	DTV GOLBY, DAVID C.	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLACE	3.2 NAME
STREET ADDRESS	NASHVILLE TN	3.3 STREET ADDRESS
CITY, ST, ZIP		3.4 CITY, ST, ZIP
TITLE	DV SCHWEINHART, RICHARD	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLACE	4.2 NAME
STREET ADDRESS	NASHVILLE TN	4.3 STREET ADDRESS
CITY, ST, ZIP		4.4 CITY, ST, ZIP
TITLE	V JOHNSON, R. MILTON	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	5.2 NAME
STREET ADDRESS	NASHVILLE TN	5.3 STREET ADDRESS
CITY, ST, ZIP		5.4 CITY, ST, ZIP
TITLE	S FRANCK, JOHN M	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA <	6.2 NAME
STREET ADDRESS	NASHVILLE TN	6.3 STREET ADDRESS
CITY, ST, ZIP		6.4 CITY, ST, ZIP

Donahay, Kenneth

Elton, Rosalyn

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: \_\_\_\_\_ DATE: 4/20/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)