

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 487280**

1. Corporation Name  
**BAY HOSPITAL, INC.**

Principal Place of Business

**ONE PARK PLAZA  
BOX 550  
NASHVILLE TN 37203  
US**

Mailing Address

**PO BOX 750  
P.O. BOX 570  
NASHVILLE TN 37202  
US**

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORP SYSTEM INC  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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 typed or printed name of registered agent and the filer (applicant) (Filer) (Registered Agent) (Applicant) (Filer) (Registered Agent) (Applicant)

12. OFFICERS AND DIRECTORS

TITLE	AS	[ ] DELETE
NAME	BLACKWOOD, DORA A	
STREET ADDRESS	ONE PARK PLACE	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	<del>DSVP</del>	<del>X</del> DELETE
NAME	<del>DONAHAY, KENNETH</del>	
STREET ADDRESS	ONE PARK PLACE	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	<del>DV</del>	<del>X</del> DELETE
NAME	<del>ELTON, ROSALYN</del>	
STREET ADDRESS	ONE PARK PLACE	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	[ ] DELETE
NAME	JOHNSON, R. MILTON	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DVPS	[ ] DELETE
NAME	FRANCK, JOHN M	
STREET ADDRESS	ONE PARK PLAZA <	
CITY-ST-ZIP	NASHVILLE TN	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[ ] Change <del>X</del> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change <del>X</del> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change <del>X</del> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1975

4. FEI Number

62-0976863

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 the current year Intangible Personal Property Tax

[ ] Yes [ ] No

10. Name and Address of New Registered Agent

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0520240

CR2E034 (11/98)