

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 487280

FILED  
Apr 10, 2012  
Secretary of State

Entity Name: BAY HOSPITAL, INC.

**Current Principal Place of Business:**

ONE PARK PLAZA  
NASHVILLE, TN 37203 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 750  
NASHVILLE, TN 37202 US

**New Mailing Address:**

FEI Number: 62-0976863      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HAZEN, SAMUEL N  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203 US

Title: DVPA  
Name: FRANCK, JOHN M II  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203 US

Title: DSVP  
Name: STINNETT, DONALD W  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203 US

Title: VPT  
Name: ANDERSON, DAVID G  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203 US

Title: VPS  
Name: BLACKWOOD, DORA A  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203 US

Title: VP  
Name: GRUBBS, RONALD L JR.  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DORA A. BLACKWOOD

VPS

04/10/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date