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Apr 15 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 # 487397 (2)

1. Corporation Name
LAWNWOOD MEDICAL CENTER, INC.

Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203
US

Mailing Address

P.O. BOX 570
ATTN: TAX DEPT.
NASHVILLE TN 37202-0570
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

PO Box 750

Nashville TN

37202

USA

3. Date Incorporated or Qualified

10/08/1975

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1764486

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 has liability for intangible tax under s. 199.032, Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME MOEN, DANIEL J
STREET ADDRESS ONE PARK PLAZA
CITY- ST- ZIP NASHVILLE TN 37203

TITLE ☐ DELETE

NAME DV
STREET ADDRESS BRAUN, STEPHEN T
CITY- ST- ZIP ONE PARK PLAZA
NASHVILLE TN

TITLE ☐ DELETE

NAME DVT
STREET ADDRESS GOLBY, DAVID O
CITY- ST- ZIP ONE PARK PLAZA
NASHVILLE TN

TITLE ☐ DELETE

NAME S
STREET ADDRESS FRANCK, JOHN M
CITY- ST- ZIP ONE PARK PLAZA
NASHVILLE TN 37203

TITLE ☐ DELETE

NAME V
STREET ADDRESS JOHNSON, P. M
CITY- ST- ZIP ONE PARK PLAZA
NASHVILLE TN 37203

TITLE ☐ DELETE

NAME V
STREET ADDRESS DAUGHERTY, BETTYE J
CITY- ST- ZIP ONE PARK PLAZA
NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

0476691

CR2E034 (9/96)