

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 568721

FILED  
Apr 19, 2010  
Secretary of State

**Entity Name:** OKEECHOBEE 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:** 59-1833934      **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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

Title: DSVP  
Name: JOHNSON, R. MILTON  
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: P  
Name: HALL, CHUCK  
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

04/19/2010

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

\_\_\_\_\_ Date