

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

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 831450 (2)
 1. Corporation Name
QUORUM HEALTH RESOURCE, INC.



Principal Place of Business 103 CONTINENTAL PLACE BRENTWOOD TN 37027 US	Mailing Address 103 CONTINENTAL PLACE C/O LEGAL DEPT BRENTWOOD TN 37027-5014 US
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 12/12/1973	3a. Date of Last Report 04/19/1996
4. FEI Number 62-0906307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	DALTON, JAMES E., JR.	
STREET ADDRESS	103 CONTINENTAL PLACE	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	BATTS, CHRISTY F.	
STREET ADDRESS	103 CONTINENTAL PLACE	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	SHELDON L. KRIZELMAN	
STREET ADDRESS	103 CONTINENTAL PLACE	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUSEBY, ROBERT D	
STREET ADDRESS	103 CONTINENTAL PLACE	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	JENKINS, GAYLE	
STREET ADDRESS	103 CONTINENTAL PLACE	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fleming, Eugene C.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Burks, Ashby Q.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Stokes, James G.	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hewett, Steve B.	
5.3 STREET ADDRESS	103 Continental Place	
5.4 CITY-ST-ZIP	Brentwood, TN 37027	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 _____

CR2E034 (9/96)