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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

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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

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

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

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME DALTON, JAMES E., JR.
STREET ADDRESS 103 CONTINENTAL PLACE
CITY-ST-ZIP BRENTWOOD TN ☐ DELETE

TITLE SV
NAME BATTS, CHRISTY F.
STREET ADDRESS 103 CONTINENTAL PLACE
CITY-ST-ZIP BRENTWOOD TN ☐ DELETE

TITLE EVPD
NAME SHELDON L. KRIZELMAN
STREET ADDRESS 103 CONTINENTAL PLACE
CITY-ST-ZIP BRENTWOOD TN ☐ DELETE

TITLE PD
NAME HUSEBY, ROBERT D
STREET ADDRESS 103 CONTINENTAL PLACE
CITY-ST-ZIP BRENTWOOD TN ☐ DELETE

TITLE AS
NAME JENKINS, GAYLE
STREET ADDRESS 103 CONTINENTAL PLACE
CITY-ST-ZIP BRENTWOOD TN ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition
1.2 NAME Fleming, Eugene C.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE SV ☒ Change ☐ Addition
2.2 NAME Burks, Ashby Q.
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 PD ☒ Change ☐ Addition
4.2 NAME Stokes, James G.
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE VTD ☐ Change ☒ 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 ☐ 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]

CR2E034 (9/96)