

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 RESOURCES, INC.



Principal Place of Business 103 CONTINENTAL PLACE BRENTWOOD TN 37027 US	Mailing Address 103 CONTINENTAL PLACE C/O LEGAL DEPT BRENTWOOD TN 37027 US
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	26 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

4. FEI Number
62-0906307

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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, EUGENE C	1.2 NAME	
STREET ADDRESS	103 CONTINENTAL PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	1.4 CITY-ST-ZIP	
TITLE	SV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKS, ASHBY Q	2.2 NAME	
STREET ADDRESS	103 CONTINENTAL PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	2.4 CITY-ST-ZIP	
TITLE	EVPD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELDON L. KRIZELMAN	3.2 NAME	VD
STREET ADDRESS	103 CONTINENTAL PLACE	3.3 STREET ADDRESS	David P. Dempsey
CITY-ST-ZIP	BRENTWOOD TN	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, JAMES G	4.2 NAME	
STREET ADDRESS	103 CONTINENTAL PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, GAYLE	5.2 NAME	
STREET ADDRESS	103 CONTINENTAL PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	5.4 CITY-ST-ZIP	
TITLE	VTD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWETT, STEVE B	6.2 NAME	VD
STREET ADDRESS	103 CONTINENTAL PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	6.4 CITY-ST-ZIP	

14. I 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 _____ /Gayle Jenkins 4/10/98 615/371-7979

CR2E034 (10/97)