

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0945983 AT

DOCUMENT # **F04878**

1. Entity Name

BARTOW HEALTHCARE PARTNER, INC.



FILED

03 APR 28 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business

103 POWELL COURT, SUITE 200
BRENTWOOD TN 37027
US

Mailing Address

103 POWELL COURT, SUITE 200
BRENTWOOD TN 37027
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1106159

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

500016378395

City

~~04/21/03 01095 020 **150.00~~
FL ZIP Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **VPC** Delete
NAME: **PANTOJA, ROBERTO G**
STREET ADDRESS: **103 POWELL COURT, SUITE 200**
CITY-ST-ZIP: **BRENTWOOD TN 37027**

TITLE: **Vice President & Division CFO** Change Addition
NAME: **R. Scott Raplee**
STREET ADDRESS: **103 Powell Court, Suite 200**
CITY-ST-ZIP: **Brentwood, TN 37027**

TITLE: **DP** Delete
NAME: **SLIPKOVICH, DANIEL S**
STREET ADDRESS: **103 POWELL CT. - SUITE 200**
CITY-ST-ZIP: **BRENTWOOD TN 37027**

TITLE: **Vice President & Controller** Change Addition
NAME: **Kary D. Willis**
STREET ADDRESS: **103 Powell Court, Suite 200**
CITY-ST-ZIP: **Brentwood, TN 37027**

TITLE: **CPCE** Delete
NAME: **DONAHEY, KENNETH C**
STREET ADDRESS: **103 POWELL COURT, SUITE 200**
CITY-ST-ZIP: **BRENTWOOD TN 37027**

TITLE: **Assistant Secretary** Change Addition
NAME: **Mary Kim E. Snipp**
STREET ADDRESS: **103 Powell Court, Suite 200**
CITY-ST-ZIP: **Brentwood, TN 37027**

TITLE: **SVCS** Delete
NAME: **CARPENTER, WILLIAM F III**
STREET ADDRESS: **103 POWELL COURT, SUITE 200**
CITY-ST-ZIP: **BRENTWOOD TN 37027**

TITLE: **SVP, General Counsel, Secretary** Change Addition
NAME: **Director William F. Carpenter III**
STREET ADDRESS: **103 Powell Court, Suite 200**
CITY-ST-ZIP: **Brentwood, TN 37027**

TITLE: **DP** Delete
NAME: **GRACEY, WILLIAM M**
STREET ADDRESS: **103 POWELL CT. - SUITE 200**
CITY-ST-ZIP: **BRENTWOOD TN 37027**

TITLE: **President** Change Addition
NAME: **William M. Gracey**
STREET ADDRESS: **103 Powell Court, Suite 200**
CITY-ST-ZIP: **Brentwood, TN 37027**

TITLE: **VCFO** Delete
NAME: **CULOTTA, MICHAEL**
STREET ADDRESS: **103 POWELL CT. - SUITE 200**
CITY-ST-ZIP: **BRENTWOOD TN 37027**

TITLE: **SVP, Chief Financial Officer Director** Change Addition
NAME: **Michael J. Culotta**
STREET ADDRESS: **103 Powell Court, Suite 200**
CITY-ST-ZIP: **Brentwood, TN 37027**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/2003 **615.372.8500**
DATE DAYTIME PHONE #

CR2E034 (10/02)

BARTOW HEALTHCARE PARTNER, INC.
103 Powell Court, Suite 200
Brentwood, Tennessee 37027
(615) 372-8500
FEIN: 62-1106159

Sole shareholder: LifePoint Holdings 3, Inc.

Directors:

William F. Carpenter III
Michael J. Culotta

Officers:

William M. Gracey, President
William F. Carpenter III, SVP, Secretary and General Counsel
Michael J. Culotta, SVP and CFO
R. Scott Raplee, Vice President and Division CFO
Gary D. Willis, Vice President and Controller
Mary Kim E. Shipp, Assistant Secretary