

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000805

FILED
Feb 13, 2012
Secretary of State

Entity Name: LOVELACE HEALTH SYSTEM, INC.

Current Principal Place of Business:

ONE BURTON HILLS BLVD SUITE 250
NASHVILLE, TN 37215

New Principal Place of Business:

Current Mailing Address:

ONE BURTON HILLS BLVD SUITE 250
NASHVILLE, TN 37215

New Mailing Address:

FEI Number: 85-0327237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: DVPS
Name: PETROVICH, STEPHEN C
Address: ONE BURTON HILLS BLVD SUITE 250
City-St-Zip: NASHVILLE, TN 37215

Title: GC
Name: PETROVICH, STEPHEN C
Address: ONE BURTON HILLS BLVD SUITE 250
City-St-Zip: NASHVILLE, TN 37215

Title: D
Name: ADAMS, CLINT
Address: ONE BURTON HILLS BLVD SUITE 250
City-St-Zip: NASHVILLE, TN 37215

Title: P
Name: STERN, RON
Address: 4101 INDIAN SCHOOL RD SUITE 405
City-St-Zip: ALBUQUERQUE, NM 87110

Title: T
Name: CRABTREE, ASHLEY M
Address: ONE BURTON HILLS BLVD SUITE 250
City-St-Zip: NASHVILLE, TN 37215

Title: D
Name: SCHNUCK, JAMES M
Address: ONE BURTON HILLS BLVD., SUITE 250
City-St-Zip: NASHVILLE, TN 37215 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: STEPHEN C. PETROVICH

SVP

02/13/2012

Electronic Signature of Signing Officer or Director

Date