FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 1:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F93000000721 (1)

1. Corporation Name

GALEN HEALTH CARE, INC.

Principal Place of Business

201 WEST MAIN STREET
LOUISVILLE KY 40202

Mailing Address

500 W MAIN STREET
P O BOX 740035 ATTN: TAX DEPT.
LOUISVILLE KY 40201-7435
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business: ONE PARK PLAZA, NASHVILLE TN 37203

2a. Mailing Address: PO BOX 570, ATTN. TAX DEPT, NASHVILLE TN 37202

4. FEI Number: 59-1611966 — 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	CEO	P	☒ Change ☐ Addition
NAME	SCOTT, RICHARD L.	VANDEWATER, DAVID T.	
STREET ADDRESS	201 WEST MAIN STREET	ONE PARK PLAZA	
CITY-ST-ZIP	LOUISVILLE KY	NASHVILLE TN 37203	
TITLE	COP	EV	☒ Change ☐ Addition
NAME	VANDEWATER, DAVID T.	FLEMING, EUGENE C.	
STREET ADDRESS	201 W MAIN STREET	ONE PARK PLAZA	
CITY-ST-ZIP	LOUISVILLE KY	NASHVILLE TN 37203	
TITLE	VPGC	SVSD	☒ Change ☐ Addition
NAME	BRAUN, STEPHEN T.	BRAUN, STEPHEN T.	
STREET ADDRESS	201 W MAIN STREET	ONE PARK PLAZA	
CITY-ST-ZIP	LOUISVILLE KY	NASHVILLE TN 37203	
TITLE	VPFO	SVTD	☒ Change ☐ Addition
NAME	COLBY, DAVIC C.	COLBY, DAVID C.	
STREET ADDRESS	201 W MAIN STREET	ONE PARK PLAZA	
CITY-ST-ZIP	LOUISVILLE KY	NASHVILLE TN 37203	
TITLE	SVP		☒ Change ☐ Addition
NAME	FLEMING, EUGENE		
STREET ADDRESS	ONE PARK PLAZA		
CITY-ST-ZIP	NASHVILLE TN		
TITLE	VPF		☒ Change ☐ Addition
NAME	GRECO, SAMUEL A.		
STREET ADDRESS	201 W MAIN STREET		
CITY-ST-ZIP	LOUISVILLE KY		

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BO Mueller Vice President — APR 20 95 — 615-320-0151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0384584 CP