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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000721 (1)

1. Corporation Name

GALEN HEALTH CARE, INC.

Principal Place of Business

Mailing Address

ONE PARK PLAZA
NASHVILLE TN 37203
US

ATTN: TAX DEPT
P.O. BOX 570
NASHVILLE TN 37202
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME VANDEWATER, DAVID T
STREET ADDRESS ONE PARK PLAZA
CITY-STATE-ZIP NASHVILLE TN

☐ DELETE

TITLE EV
NAME FLEMING, EUGENE
STREET ADDRESS ONE PARK PLACE
CITY-STATE-ZIP NASHVILLE TN

☒ DELETE

TITLE SVSD
NAME BRAUN, STEPHEN T.
STREET ADDRESS ONE PARK PLACE
CITY-STATE-ZIP NASHVILLE TN

☐ DELETE

TITLE SVTD
NAME COLBY, DAVID C.
STREET ADDRESS ONE PARK PLAZA
CITY-STATE-ZIP NASHVILLE TN

☐ DELETE

TITLE SVP
NAME FLEMING, EUGENE
STREET ADDRESS ONE PARK PLAZA
CITY-STATE-ZIP NASHVILLE TN

☒ DELETE

TITLE VPF
NAME GRIECO, SAMUEL A.
STREET ADDRESS 201 W MAIN STREET
CITY-STATE-ZIP LOUISVILLE KY

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

VP
R. Milton Johnson
One Park Plaza
Nashville, TN 37203
S
John M. Franck
One Park Plaza
Nashville, TN 37203

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE

R. Milton Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(615) 307-9551

CR2E034 (12/95)