

5-8-97 B-6630 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 ONE PARK PLAZA NASHVILLE TN 37203 US		Mailing Address ATTN: TAX DEPT P.O. BOX 970 NASHVILLE TN 37202-0570 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 PO Box 750 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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-ST-ZIP NASHVILLE TN [ ] DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE EV NAME FLEMING, EUGENE STREET ADDRESS ONE PARK PLACE CITY-ST-ZIP NASHVILLE TN [X] DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE SVSD NAME BRAUN, STEPHEN T. STREET ADDRESS ONE PARK PLACE CITY-ST-ZIP NASHVILLE TN [ ] DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE SVTD NAME GOLBY, DAVID O. STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP NASHVILLE TN [ ] DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE VP NAME JOHNSON, R. M. STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP NASHVILLE TN [ ] DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE S NAME FRANCK, JOHN M. STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP NASHVILLE TN [ ] DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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 included 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/20/97 Daytime Phone: 0476683			



CR2E034 (9/96)