FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001666 (7)**

1. Corporation Name
REPUBLIC HEALTH CORPORATION OF MERIDIAN

Principal Place of Business	Mailing Address
3401 WEST END AVENUE NASHVILLE TN 37203	3401 WEST END AVENUE NASHVILLE TN 37203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/05/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **75-2236891** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA 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 **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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when manually signing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P/CEO/COO/D	☒ Change ☐ Addition
NAME	CATLIN, DAVID	12 NAME	Donald J. Amaral	
STREET ADDRESS	160 NW 170TH STREET	13 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY ST ZIP	NORTH MIAMI BEACH FL	14 CITY ST ZIP	Nashville, TN 37203	
TITLE	CCEO	21 TITLE	V/S/D	☒ Change ☒ Addition
NAME	BURKLOW, BRYAN	22 NAME	Ronald P. Soltman	
STREET ADDRESS	17300 NW 7TH AVENUE, SUITE 204	23 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	Nashville, TN 37203	
TITLE	AS	31 TITLE	AS	☒ Change ☒ Addition
NAME	JOHNSON, JAMES H	32 NAME	Karen H. Abbott	
STREET ADDRESS	3401 WEST END AVENUE	33 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY ST ZIP	NASHVILLE TN	34 CITY ST ZIP	Nashville, TN 37203	
TITLE	T	41 TITLE	T/V/AS	☒ Change ☐ Addition
NAME	TONNIES, RUSSELL F	42 NAME		
STREET ADDRESS	3401 WEST END AVENUE	43 STREET ADDRESS		
CITY ST ZIP	NASHVILLE TN 37203	44 CITY ST ZIP		
TITLE	D	51 TITLE	D/EV/CFO	☒ Change ☐ Addition
NAME	PITTS, KEITH B	52 NAME		
STREET ADDRESS	3401 WEST END AVENUE	53 STREET ADDRESS		
CITY ST ZIP	NASHVILLE TN 37203	54 CITY ST ZIP		
TITLE	VPT	61 TITLE	V/AS	☒ Change ☒ Addition
NAME	TONNIES, RUSSELL F.	62 NAME	Richard A. Parr II	
STREET ADDRESS	3401 WEST END AVENUE, SUITE 700	63 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY ST ZIP	NASHVILLE TN	64 CITY ST ZIP	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)(i), 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 on an attachment with an address.

SIGNATURE: Karen H. Abbott Karen H. Abbott 4/20/95 615-383-8599
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0384412 CP