

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93222 (0)

1. Corporation Name

GRANT CENTER HOSPITAL OF OCALA, INC.

Principal Place of Business

ONE PARK PLAZA
P. O. BOX 550
NASHVILLE TN 37203
US

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 One Park Plaza		26 P.O. BOX 570		07/30/1982		04/21/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Nashville		28 City & State		59-2245546		Not Applicable	
24 TN 37203		29 US		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOEN, DANIEL J.	1.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	1.3 STREET ADDRESS	7975 NW 154th Street, #400 A
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	Miami Lakes, FL 33016
TITLE	DS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, STEPHEN T.	2.2 NAME	VI. D
STREET ADDRESS	ONE PARK PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	DT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBY, DAVID C.	3.2 NAME	VI. D
STREET ADDRESS	ONE PARK PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	DSV	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEINHART, RICHARD A	4.2 NAME	VI. D
STREET ADDRESS	ONE PARK PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, DAVID R	5.2 NAME	R. Milton Johnson
STREET ADDRESS	ONE PARK PLAZA	5.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	NASHVILLE TN	5.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KROGER, JOAN O	6.2 NAME	John M. Franck
STREET ADDRESS	201 W MAIN ST	6.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	LOUISVILLE KY	6.4 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)(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Franck

4-4-96

Date

(615) 327-9551

Daytime Phone #

CR2E034 (12/95)