

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90117 027 \*\*\*150.00

**DOCUMENT # F96000005173**

1. Entity Name

**COLUMBIA HEALTH MANAGEMENT, INC.**

Principal Place of Business

**ONE PARK PLAZA  
 NASHVILLE TN 37202**

Mailing Address

**PO BOX 750  
 NASHVILLE TN 37202  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**62-1614366**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **CT Corporation System**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**  
 City **Plantation** FL Zip Code **33324**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**JENNIFER F AULTMAN  
 ASSISTANT SECRETARY**

**4-11-02**

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP CAMPBELL, VICTOR L ONE PARK PLZ NASHVILLE TN 37203</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GEORGE, V. CARL ONE PARK PLAZA NASHVILLE TN 37202</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT ANDERSON, DAVID G ONE PARK PLZ NASHVILLE TN 37203</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ELTON, ROSSLYN S ONE PARK PLZ NASHVILLE TN 37203</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MOORE, BRUCE A JR ONE PARK PLAZA NASHVILLE TN 37203</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPS FRANCK, JOHN M II ONE PARK PLAZA NASHVILLE TN 37203</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David L. Denson Assistant Secretary 3-21-02 344-2690**

Date

Daytime Phone #

CR2E034 (9/01)

ATTACH DDL# F96000005173/635774

December 6, 2001

**OFFICERS AND DIRECTORS  
OF  
COLUMBIA HEALTH MANAGEMENT, INC.**

<b>* A. Bruce Moore, Jr.</b>	<b>President</b>	<b>One Park Plaza Nashville, TN 37203</b>
Victor L. Campbell	Senior Vice President	One Park Plaza Nashville, TN 37203
Robert A. Waterman	Senior Vice President	One Park Plaza Nashville, TN 37203
David G. Anderson	Vice President and Treasurer	One Park Plaza Nashville, TN 37203
Mike T. Bray	Vice President	One Park Plaza Nashville, TN 37203
Steven E. Clifton	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Rosalyn S. Elton	Vice President	One Park Plaza Nashville, TN 37203
<b>* John M. Franck II</b>	<b>Vice President and Secretary</b>	<b>One Park Plaza Nashville, TN 37203</b>
V. Carl George	Vice President	One Park Plaza Nashville, TN 37203
Tom C. Gormley	Vice President	One Park Plaza Nashville, TN 37203
Ronald Lee Grubbs Jr.	Vice President	One Park Plaza Nashville, TN 37203
James D. Hinton	Vice President	One Park Plaza Nashville, TN 37203
<b>* R. Milton Johnson</b>	<b>Vice President</b>	<b>One Park Plaza Nashville, TN 37203</b>
Dwight E. Long	Vice President	One Park Plaza Nashville, TN 37203
Howard K. Patterson	Vice President	One Park Plaza Nashville, TN 37203
Cathryn Long Sowers	Vice President	One Park Plaza Nashville, TN 37203
Dora A. Blackwood	Assistant Secretary	One Park Plaza Nashville, TN 37203
David L. Denson	Assistant Secretary	One Park Plaza Nashville, TN 37203

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Christopher Gentile	Assistant Secretary	One Park Plaza Nashville, TN 37203
Joseph Stephen Haase	Assistant Secretary	One Park Plaza Nashville, TN 37203
Dianne Johnson	Assistant Secretary	One Park Plaza Nashville, TN 37203
Scott Neprud	Assistant Secretary	One Park Plaza Nashville, TN 37203
Robert Jerome Nevens	Assistant Secretary	One Park Plaza Nashville, TN 37203
Kenneth Kurt Roth	Assistant Secretary	One Park Plaza Nashville, TN 37203

**\*Directors**  
(Tennessee)

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Administrator and Assistant Administrator of facilities owned and/or operated by this Corporation, are hereby authorized to, subject to the Corporation's policies and procedures, (a) manage the facilities and all employees and agents of the Corporation at such facilities, and take such other acts as are necessary or appropriate for the proper functioning of the facilities, and (b) negotiate and enter into contracts and agreements necessary to the conduct of the day-to-day business of such facility, including, but not limited to, physician contracts, personal property leases, purchase agreements, cost reports, and similar documents (but specifically excluding any contracts or leases relating to real estate, except for leases to tenants in buildings owned by or leased to the Corporation entered into pursuant to the Corporation's policies and procedures), which with the advice of legal counsel, shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolution required in connection with such contracts and agreements.