[™] 2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # F960000 (:: JOHN'S RIVER HOSPITAL, IN	May 07, 2001 8:00 am Secretary of State 05-07-2001 90016 022 ***150.00						
Principal Place of Business 102 WOODMONT BLVD STE 800 NASHVILLE TN 37205 US		Mailing Address 102 WOODMONT BLVD STE 800 NASHVILLE TN 37205 US		* 1881/188 JULE 1812F BUIN BANK PENN ARNIK BANK BANK BANK BUKH BUKH BANK BANK BANK BANK BANK BANK BANK BANK				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 62-1658514 Applied For Not Applicab				
Zip 	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current Re	gistered Agent	Name	7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
		City		FL Zip Code				
Tax filing	Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!! After MAY 1, 200 Make Check Payab	·	.00 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STACK, EDWARD A 102 WOODMONT BLVD, SUITE 500 NASHVILLE TN 37205	Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition See Attacked Schedule				
TITLE NAME STREET ADDRESS CITY_ST_ZIP	STD DAVIS, MICHAEL E 102 WOODMONT BLVD, SUITE 500 NASHVILLE_TN 37205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WESTRICH, VERNON 121 WOODMRT BLVD STE 500 NASHVILLE TN 37205	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRUITT, PAUL 102 WOODMONT BLVD STE 800 NASHVILLE FL 37205	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
indicated of the cor	on this report or supplemental report is tru	ue and accurate and that my ered to execute this report a	y signature shall have	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director r 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if				

William & Barus William P. Barus 4/26/01 (615) 345-3316

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Document # F96000005604

Addition 29

BHC ST. JOHN'S RIVER HOSPITAL, INC. OFFICERS AND DIRECTORS FLORIDA DOCUMENT # F96000005604

TITLE: NAME:		STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Vernon S. Westrich	102 Woodmont Blvd., STE 800	Nashville, TN 37205	×	
VTD	William P. Barnes	102 Woodmont Blvd., STE 800	Nashville, TN 37205		Χ
VS	Stephen C. Petrovich	102 Woodmont Blvd., STE 800	Nashville, TN 37205		Χ
V	Margaret Jo Cooper	102 Woodmont Blvd., STE 800	Nashville, TN 37205		X
V	James N. Schnuck	102 Woodmont Blvd., STE 800	Nashville, TN 37205		Х