

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90332 015 \*\*\*150.00

**DOCUMENT # F96000005605**

1. Entity Name  
**BHC FORT LAUDERDALE HOSPITAL, INC.**



Principal Place of Business  
**ONE BURTON HILLS BLVD.  
SUITE 250  
NASHVILLE, TN 37215 US**

Mailing Address  
**ONE BURTON HILLS BLVD.  
SUITE 250  
NASHVILLE, TN 37215 US**

**14001136**



0112005 Chg-P CR2E034 (10/03)

4. FEI Number  
**62-1658530**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	BARNES, WILLIAM P	
STREET ADDRESS	ONE BURTON HILLS BLVD SUITE 250	
CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WESTRICH, VERNON S	
STREET ADDRESS	ONE BURTON HILLS BLVD SUITE 250	
CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PETROVICH, STEPHEN C	
STREET ADDRESS	ONE BURTON HILLS BLVD SUITE 250	
CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DELK, KENNETH R	
STREET ADDRESS	ONE BURTON HILLS BLVD SUITE 250	
CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James M. Schnuck	
STREET ADDRESS	One Burton Hills Blvd, Ste 250	
CITY-ST-ZIP	Nashville TN 37215	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. Dirk Allison	
STREET ADDRESS	One Burton Hills Blvd, Ste 250	
CITY-ST-ZIP	Nashville TN 37215	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ashley M Crabtree	
STREET ADDRESS	One Burton Hills Blvd, Ste 250	
CITY-ST-ZIP	Nashville TN 37215	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clint B. Adams	
STREET ADDRESS	One Burton Hills Blvd, Ste 250	
CITY-ST-ZIP	Nashville TN 37215	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

*Stephen C. Petrovich*

Date

*615-296-3000*

Daytime Phone #

ATTACHMENT

14001136

ATTACHMENT  
BHC FORT LAUDERDALE HOSPITAL, INC.  
DOCUMENT NO. F96000005605.

**ADDITIONAL OFFICERS:**

Assistant Secretary  
Assistant Secretary  
Assistant Secretary

Susan B. Steelman  
Teresa K. Culver  
Christy C. Sawyer

**ADDRESS FOR ALL NAMED OFFICERS:**

One Burton Hills Blvd., Suite 250  
Nashville, TN 37215