## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # F96000005605**

BHC FORT LAUDERDALE HOSPITAL, INC.



Principal Place of Business

Mailing Address

6640 CAROTHERS PARKWAY SUITE 500

FRANKLIN, TN 37067 US

CT CORPORATION SYSTEM

PLANTATION, FL 33324

C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD.

6640 CAROTHERS PARKWAY SUITE 500 FRANKLIN, TN 37067

## FILED Feb 20, 2008 8:00 am Secretary of State

02-20-2008 90010 012 \*\*\*150.00



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01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1658530 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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| _        | Signature, typed or printed name of registered agent and title if applicable.                     | (NOTE: Registered Agent signature required when reinstating) | DATE  |
|----------|---|--|---|
| SIGNATUR | RE  |  |   |
|          | ove named entity submits this statement for the purpose of changi<br>gations of registered agent. | ng its registered office or registered agent, or both, in t  | ne State of Florida. I am familiar with, and accept |

## FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE JACOBS, JOEY A NAME STREET ADDRESS 6640 CAROTHERS PARKWAY, SUITE 500 CITY-ST-ZIP FRANKLIN, TN 37067 TITLE VSD DAVIDSON, STEVEN T NAME STREET ADDRESS 6640 CAROTHERS PARKWAY, SUITE 500 FRANKLIN, TN 37067 TITLE POLSON, JACK NAME 6640 CAROTHERS PARKWAY, SUITE 500 STREET ADDRESS CITY-ST-ZIP FRANKLIN, TN 37067 TITLE TURNER, BRENT NAME 6640 CAROTHERS PARKWAY, SUITE 500 STREET ADDRESS CITY-ST-ZIP FRANKLIN, TN 37067 TITLE HOWARD, CHRISTOPHER L NAME 6640 CAROTHERS PARKWAY, SUITE 500 STREET ADDRESS CITY-ST-ZIP FRANKLIN, TN 37067 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6. Name and Address of Current Registered Agent

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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