

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90096 004 ***150.00

DOCUMENT # F96000005605

1. Entity Name
BHC FORT LAUDERDALE HOSPITAL, INC.



Principal Place of Business
102 WOODMONT BLVD
STE 800
NASHVILLE TN 37205
US

Mailing Address
102 WOODMONT BLVD
STE 800
NASHVILLE TN 37205
US



2. Principal Place of Business

One Burton Hills Blvd.,

3. Mailing Address

One Burton Hills Blvd.

Suite, Apt. #, etc.

Suite 250

Suite, Apt. #, etc.

Suite 250

City & State

Nashville, TN

City & State

Nashville, TN

4. FEI Number

62-1658530

Applied For

Not Applicable

Zip
37215

Country
Davidson

Zip
37215

Country
Davidson

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VTD** ☐ Delete
NAME **BARNES, WILLIAM P**
STREET ADDRESS **102 WOODMONT BLVD. SUITE 800**
CITY-ST-ZIP **NASHVILLE TN 37205**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **One Burton Hills Blvd., Suite 250**
CITY-ST-ZIP **Nashville, TN 37215**

TITLE **PD** ☐ Delete
NAME **WESTRICH, VERNON S**
STREET ADDRESS **102 WOODMONT BLVD. SUITE 800**
CITY-ST-ZIP **NASHVILLE TN 37205**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **One Burton Hills Blvd., Suite 250**
CITY-ST-ZIP **Nashville, TN 37215**

TITLE **VS** ☐ Delete
NAME **PETROVICH, STEPHEN C**
STREET ADDRESS **102 WOODMONT BLVD STE 800**
CITY-ST-ZIP **NASHVILLE TN 37205**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **One Burton Hills Blvd., Suite 250**
CITY-ST-ZIP **Nashville, TN 37215**

TITLE **V** ☐ Delete
NAME **DELK, KENNETH R**
STREET ADDRESS **102 WOODMONT BLVD STE 800**
CITY-ST-ZIP **NASHVILLE TN 37205**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **One Burton Hills Blvd., Suite 250**
CITY-ST-ZIP **Nashville, TN 37215**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4/6/03

615-296-3000

Date

Daytime Phone #

CR2E034 (10/02)