

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001881

1. Entity Name

PROVINCE HEALTHCARE COMPANY

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90142 031 ***150.00

Principal Place of Business

Mailing Address

105 WESTWOOD PLACE, STE 400
BRENTWOOD TN 37027

105 WESTWOOD PLACE, STE 400
BRENTWOOD TN 37027-5076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1710772

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

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☐ Delete
NAME RASH, MARTIN S
STREET ADDRESS 105 WESTWOOD PLACE STE 400
CITY-ST-ZIP BRENTWOOD TN

TITLE VC/D ☐ Change ☒ Addition
NAME GORE, RICHARD D.
STREET ADDRESS 105 WESTWOOD PLACE, SUITE 400
CITY-ST-ZIP BRENTWOOD, TN 37027

TITLE V ☐ Delete
NAME RUTLEDGE, JOHN M
STREET ADDRESS 105 WESTWOOD PLACE STE 400
CITY-ST-ZIP BRENTWOOD TN

TITLE V ☐ Change ☒ Addition
NAME RECTOR, BRENDA
STREET ADDRESS 105 WESTWOOD PLACE, SUITE 400
CITY-ST-ZIP BRENTWOOD, TN 37027

TITLE V ☒ Delete
NAME TAYLOR, STEVEN P
STREET ADDRESS 105 WESTWOOD PLACE STE 400
CITY-ST-ZIP BRENTWOOD TN

TITLE V ☐ Change ☒ Addition
NAME HANNON, CHRISTOPHER T.
STREET ADDRESS 105 WESTWOOD PLACE, SUITE 400
CITY-ST-ZIP BRENTWOOD, TN 37027

TITLE V ☐ Delete
NAME ANDERSON, JAMES T
STREET ADDRESS 105 WESTWOOD PLACE STE 400
CITY-ST-ZIP BRENTWOOD TN

TITLE D ☐ Change ☒ Addition
NAME RAUNER, BRUCE V.
STREET ADDRESS 6100 SEARS TOWER
CITY-ST-ZIP CHICAGO, IL 60606-6402

TITLE V ☒ Delete
NAME MCKINNEY, JAMES O
STREET ADDRESS 105 WESTWOOD PLACE STE 400
CITY-ST-ZIP BRENTWOOD TN

TITLE D ☐ Change ☒ Addition
NAME NOLAN, JOSEPH P.
STREET ADDRESS 6100 SEARS TOWER
CITY-ST-ZIP CHICAGO, IL 60606-6402

TITLE VS ☐ Delete
NAME WALL, HOWARD T
STREET ADDRESS 105 WESTWOOD PLACE STE 400
CITY-ST-ZIP BRENTWOOD TN

TITLE D ☐ Change ☒ Addition
NAME BRIM, A.E.
STREET ADDRESS 305 NORTHEAST 102nd AVENUE
CITY-ST-ZIP PORTLAND, OR 97220-4199

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

May 1, 2000

(615) 370-1377

Date

Daytime Phone