

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90065 002 ***150.00

DOCUMENT # F99000001881

1. Entity Name
PROVINCE HEALTHCARE COMPANY



Principal Place of Business
**105 WESTWOOD PLACE, STE 400
BRENTWOOD, TN 37027**

Mailing Address
**105 WESTWOOD PLACE, STE 400
BRENTWOOD, TN 37027**

94067692



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092004

Chg-P

CR2E034 (10/03)

4. FEI Number

62-1710772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

5. 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. 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, 2004 Fee will be \$550.00**

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

TITLE **Director** ☐ Change ☒ Addition
NAME **Michael P. Haley**
STREET ADDRESS **105 Westwood Place, Ste. 400**
CITY-ST-ZIP **Brentwood, TN 37027**

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

TITLE **President & COO** ☐ Change ☒ Addition
NAME **Daniel S. Slipkovich**
STREET ADDRESS **105 Westwood Place, Ste. 400**
CITY-ST-ZIP **Brentwood, TN 37027**

TITLE **VT** ☐ Delete
NAME **HANNON, CHRISTOPHER T**
STREET ADDRESS **105 WESTWOOD PL ST E400**
CITY-ST-ZIP **BRENTWOOD, TN 37027**

TITLE **VP, Asst. Sec., & Controller** ☐ Change ☒ Addition
NAME **Roberto G. Pantoja**
STREET ADDRESS **105 Westwood Place, Ste. 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 **Director** ☐ Change ☒ Addition
NAME **Winfield C. Dunn**
STREET ADDRESS **105 Westwood Place, Ste. 400**
CITY-ST-ZIP **Brentwood, TN 37027**

TITLE **D** ☐ Delete
NAME **NOLAN, JOSEPH P**
STREET ADDRESS **6100 SEARS TOWER**
CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE **Director** ☐ Change ☒ Addition
NAME **David R. Klock**
STREET ADDRESS **105 Westwood Place, Ste. 400**
CITY-ST-ZIP **Brentwood, TN 37027**

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

TITLE **Director** ☐ Change ☒ Addition
NAME **Paul J. Feldstein**
STREET ADDRESS **105 Westwood Place, Ste. 400**
CITY-ST-ZIP **Brentwood, TN 37027**

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: Howard T. Wall, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

(615) 370-1377

Date

Daytime Phone #

Attachment

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000001881 1. Entity Name PROVINCE HEALTHCARE COMPANY					
Principal Place of Business 105 WESTWOOD PLACE, STE 400 BRENTWOOD, TN 37027				Mailing Address 105 WESTWOOD PLACE, STE 400 BRENTWOOD, TN 37027	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 62-1710772	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD RASH, MARTIN S 105 WESTWOOD PLACE STE 400 BRENTWOOD, TN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director David L. Steffy 105 Westwood Place, Ste. 400 Brentwood, TN 37027	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUTLEDGE, JOHN M 105 WESTWOOD PLACE STE 400 BRENTWOOD, TN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT HANNON, CHRISTOPHER T 105 WESTWOOD PL ST E400 BRENTWOOD, TN 37027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ANDERSON, JAMES T 105 WESTWOOD PLACE STE 400 BRENTWOOD, TN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOLAN, JOSEPH P 6100 SEARS TOWER CHICAGO, IL 60606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS WALL, HOWARD T 105 WESTWOOD PLACE STE 400 BRENTWOOD, TN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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					
Date					
Daytime Phone #					