2005 FOR PROFIT CORPORATION ANNUAL REPORT

105 WESTWOOD PLACE STE 400

BRENTWOOD, TN

NOLAN, JOSEPH P

6100 SEARS TOWER

CHICAGO, IL 60606

WALL, HOWARD T

BRENTWOOD, TN

STREET ADDRESS | 105 WESTWOOD PLACE STE 400

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

FILED Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90563 032 ***150.00

☐ Change

☐ Change

Addition

Addition

1. Entity Nam	MENT # F99000001 E HEALTHCARE COMPAN									
Principal Place of Business Mailing Address 105 WESTWOOD PLACE, STE 400 105 WESTWO BRENTWOOD, TN 37027 BRENTWOOD			, STE 40 27	00			0036219		PE1 18181 Ibras Ha	1)##: II
2. Principal Pl	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01072005	Chg-P	CR2E0	34 (10/03)	
City & State	3	City & State				4. FEI Numbe 62-171			<u> </u>	oplied For at Applicable
Zip	Country	Zip	Count	ry			of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New R	egistered /	Agent	
	VICES, INC.			Name Street Address (P.O. Box Number is Not Acceptable)						
526 E. PARK AVÉNUE TALLAHASSEE, FL 32301										
								FL	Zip Cod	e
	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 obligations of registered agent.									
Signature, typed of printed name of registered agent and little if applicable (NOTE: Registered Agent signal				Agent signatu	ne isdayed	when reinstalling)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.						00 May Be ed to Fees	•			
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFFI	ICERS AND	DIRECTOR	S IN 11
TITLE	CD V.	☐ Delete T							☐ Change	☐ Addition
NAME			NAME							_
STREET ADDRESS	105 WESTWOOD PLACE STE 46	400 STREET ADI		T ADDRESS	i					
CITY-ST-ZIP	BRENTWOOD, TN		CITY-	ST-ZIP						
TITLE	PD	Delete	TITLE					····	☐ Change	Addition
NAME	RUTLEDGE, JOHN M									
STREET ADDRESS	105 WESTWOOD PLACE STE 49	100		T ADDRESS						
CiTY-ST-7IP	BRENTWOOD, TN		CITY-	ST-ZIP						
TITLE	VT □ Delete		TITLE		Vic	e Presid	ent		Change	☐ Addition
NAME			HAME		Han	non, Chr	istopher T	Γ.	•	
STREET ADDRESS			STREE	ET ADDRESS			d Pl, Ste			
CITY-ST-ZIP	CITY-ST-ZIP BRENTWOOD, TN 37027		CITY-	ST- ZIP			TN 37027			
TITLE	V	. Delete	TITLE						☐ Change	☐ Addition
NAME	ANDERSON, JAMES T		NAME	. 1	1					

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 a paraddress with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-5T-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

HAME

SIGNATURE: Howard T. Wall, III 4)13 05(615) 370-1377

Delete

Delete

ATTACHMENT 2005 FOR PROFIT CORPORATION ANNUAL REPORT

		<u> </u>	ILE OIL									
DOCUMENT # F9900001881 1. Entity Name PROVINCE HEALTHCARE COMPANY						ATTACHMENT						
Principal Place of Business Mailing Address 105 WESTWOOD PLACE, STE 400 BRENTWOOD, TN 37027 BRENTWOOD, TN 37027 Mailing Address 105 WESTWOOD PLACE, STE 400 BRENTWOOD, TN 37027				00		-	200.	3/00	219			
Principal Place of Susiness 3. Mailing Address												
Suite, Apt. #, etc. Suite, Apt. #,			Suite, Apt. #, etc.				01072005	Chg-P	CR2E0	34 (10/03)	i	
City & State	e		City & State	City & State			4. FEI Numbe 62-1710			<u> </u>	pplied For lot Applicable	
Zip		Country	Zip	Coun	itry		5. Certificate	of Status Desired		\$8.75 Ad Fee Require		
	6. Name	and Address of Current	Registered Agent				7. Name and	Address of New Re	egistered /	Agent		
					Name	Name						
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301				Street Address (P.O. Box Number is Not Acceptable)								
IALLAIIA	30LL, I L	32301										
					City	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. Typed or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature required when reinstating] DATE												
After Ma		FEE IS \$150.00 5 Fee will be \$550.0		ntribution.			00 May Be ed to Fees					
10.	00	OFFICERS AND		11.		D		CHANGES TO OFFI	ICERS AND			
TITLE NAME STREET ADDRESS CITY-STORP	h	ARTIN S TWOOD PLACE STE 40 OOD, TN	□ Delete		-	Gow 105 Bre	ntwood,	ayne d P1, Ste TN 37027	400	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P5 WES	GE, JOHN M ITWOOD PLACE STE 40 OOD, TN	□ Detete			Pem 105 Bre	Westwood,	II, Thomas d P1, Ste		☐ Change	★ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	105 WES BRENTW	CHRISTOPHER T TWOOD PL ST E400 WOOD, TN 37027	☐ Delete		3	Dun 105 Bre	ntwood.	d Pl, Ste	400	Change	▲ Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	105 WES	ON, JAMES TWOOD PLACE STE 40 JOOD, TN	□ Delate		1	K10 105	ector ck, Davi Westwoo ntwood, '	d P1, Ste	400	☐ Change	≭ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6100 SEA	JOSEPH P ARS TOWER D, IL 60606	☐ Delete			Hal 105 Bre	ntwood.	d P1, Ste	400	☐ Change	★ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	105 WES BRENTW	OWARD T TWOOD PLACE STE 40 OOD, TN		CITY	E Et address -st-zip	Fel- 105 Bre	ntwood,	d P1, Ste TN 37027		☐ Change		
of the cor	on this reportion or the control of	ort or supplemental report is he receiver or trustee empo	this filing does not qualify to true and accurate and that owered to execute this repor with all other like empowered	my signal das requir	iure shail ha	ave the s	same legal effect	l as il made under d	haibi thai li	am an office	er or director	

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT										
DOCUMENT # F9900001881 1. Entity Name PROVINCE HEALTHCARE COMPANY					ATTACHMENT					
}										
Principal Place of Business Mailing Address 105 WESTWOOD PLACE, STE 400 BRENTWOOD, TN 37027 BRENTWOOD, TN 37027			00	20036219						
Principal Place of Business Mailing Address					······································					
Suite, Apt. #, etc.				<u>.</u> .	01072005 Chg-P CR2E034 (10/03)					
City & State City & State					4. FEI Number Applied For 62-1710772 Not Applicable					
Zip	Country	Zip	Count	ry	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current	Registered Agent		N	7. Name and Address of New Registered Agent					
NRAI SER	VICES, INC.		1	Name						
526 E. PAR	RK AVENUE SSEE, FL 32301			Street Address (P.O. Box Number is Not Acceptable)						
				City	FL Zip Code					
	named entity submits this statement for	or the purpose of changing its	registere	d office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept					
SIGNATURE_	ons di registero ggent.									
	Signature, typed or printed name of registered agent	and title it applicable (NOTS	E: Registered	Agent signature requ	wred when reinstating) DATE					
	FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Irust Fund Contribution. Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	CD	☐ Delete	TITLE		esident & COO					
NAME STREET COORESS CITY-ST-21	RASH, MARTIN S 105 WESTWOOD PLACE STE 4 BRENTWOOD, TN	00	1	ET ADDRESS 10.	ipkovich, Daniel S. 5 Westwood Pl, Ste 400					
TITLE	PD	Delete	TITLE	DL	entwood, TN 37027 nior VP, Financial Ops □ Change					
NAME STREET ADDRESS	RAME RUTLEDGE, JOHN M. NA.		NAME STREE	Mo	ody, Samuel H.					
CITY-ST-7IP	BREITWOOD, TN cm			Br.	5 Westwood P1, Ste 400 entwood, TN 37027					
NAME	HANNON, CHRISTOPHER T	Delete	TITLE HAME		, Finance, Treasurer □ Change 反 Addition ntoja, Roberto G.					
STREET ADDRESS CITY-ST-ZIP				T ADDRESS 10	5 Westwood Pl, Ste 400 entwood, TN 37027					
TITLE	V ANDERSON IAMES T	☐ Delete	TITLÉ	AV	P, Controller, Chief Acctg Offer & Addition					
		STREE	T ADDRESS 10	umfield, Steven R. 5 Westwood Pl, Ste 400						
CITY-ST-ZIP	BRENTWOOD, TN	☐ Delete	CITY-	SI-ZIP Br	entwood, TN 37027 P.& Asst. Secretary					
NAME	NOLAN, JOSEPH P	La Delicie	HAME	- 1	wards, Faye S.					
STREET ADDRESS CITY+5T-ZIP	6100 SEARS TOWER CHICAGO, IL 60606			ST-ZIP Br	5 Westwood;P1, Ste 400 entwood, TN 37207					
TITLE NAME	VS WALL, HOWARD T	(Relete	TITLE	Re	gional V.P. ☐ Change ★ Addition					
STREET ADORESS CITY-ST-ZIP	105 WESTWOOD PLACE STE 4 BRENTWOOD, TN	00	STREE	T ADDRESS 10.	enzel, Mark T. 5 Westwood Pl, Ste 400 entwood, TN 37207					
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	SIGNATURE: Howard T. Wall, III (615) 370-1377									
L	SIGNATURE AND TYPED OR	THE TAME OF SIGNING OFFICER	UN DIRECT	un.	Date Daytime Phone #					