

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

04-18-2005 90563 032 ***150.00

2005 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 62-1710772	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD RUTLEDGE, JOHN M 105 WESTWOOD PLACE STE 400 BRENTWOOD, TN	<input checked="" type="checkbox"/> Delete			
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	V ANDERSON, JAMES T 105 WESTWOOD PLACE STE 400 BRENTWOOD, TN	<input type="checkbox"/> Delete			
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	VS WALL, HOWARD T 105 WESTWOOD PLACE STE 400 BRENTWOOD, TN	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Hannon, Christopher T. 105 Westwood Pl, Ste 400 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 4/13/05(615) 370-1377 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					


20036219



01072005 Chg-P CR2E034 (10/03)

ATTACHMENT

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000001881 1. Entity Name PROVINCE HEALTHCARE COMPANY	
---	---

ATTACHMENT

2003/2/19

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		City & State	
Zip	Country	Zip	Country

01072005 Chg-P CR2E034 (10/03)

4. FEI Number 62-1710772	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

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, 2005 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 NAME	CD RASH, MARTIN S 105 WESTWOOD PLACE STE 400 BRENTWOOD, TN <input type="checkbox"/> Delete	TITLE NAME	Regional VP Gower, C. Wayne 105 Westwood Pl, Ste 400 Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	105 WESTWOOD PLACE STE 400 BRENTWOOD, TN	STREET ADDRESS CITY-ST-ZIP	105 Westwood Pl, Ste 400 Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	PD RUTLEDGE, JOHN M 105 WESTWOOD PLACE STE 400 BRENTWOOD, TN <input type="checkbox"/> Delete	TITLE NAME	Regional VP Pemberton, II, Thomas P. 105 Westwood Pl, Ste 400 Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	105 WESTWOOD PLACE STE 400 BRENTWOOD, TN	STREET ADDRESS CITY-ST-ZIP	105 Westwood Pl, Ste 400 Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	VT HANNON, CHRISTOPHER T 105 WESTWOOD PL ST E400 BRENTWOOD, TN 37027 <input type="checkbox"/> Delete	TITLE NAME	Director Dunn, Winfield C. 105 Westwood Pl, Ste 400 Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	105 WESTWOOD PL ST E400 BRENTWOOD, TN 37027	STREET ADDRESS CITY-ST-ZIP	105 Westwood Pl, Ste 400 Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	V ANDERSON, JAMES 105 WESTWOOD PLACE STE 400 BRENTWOOD, TN <input type="checkbox"/> Delete	TITLE NAME	Director Klock, David R. 105 Westwood Pl, Ste 400 Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	105 WESTWOOD PLACE STE 400 BRENTWOOD, TN	STREET ADDRESS CITY-ST-ZIP	105 Westwood Pl, Ste 400 Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	D NOLAN, JOSEPH P 6100 SEARS TOWER CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME	Director Haley, Michael P. 105 Westwood Pl, Ste 400 Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6100 SEARS TOWER CHICAGO, IL 60606	STREET ADDRESS CITY-ST-ZIP	105 Westwood Pl, Ste 400 Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	VS WALL, HOWARD T 105 WESTWOOD PLACE STE 400 BRENTWOOD, TN <input type="checkbox"/> Delete	TITLE NAME	Director Feldstein, Paul J. 105 Westwood Pl, Ste 400 Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	105 WESTWOOD PLACE STE 400 BRENTWOOD, TN	STREET ADDRESS CITY-ST-ZIP	105 Westwood Pl, Ste 400 Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" 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 #

ATTACHMENT

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000001881	
1. Entity Name PROVINCE HEALTHCARE COMPANY	

ATTACHMENT

20036219

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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01072005 Chg-P CR2E034 (10/03)

4. FEI Number 62-1710772	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
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	PD RUTLEDGE, JOHN M 105 WESTWOOD PLACE STE 400 BRENTWOOD, TN <input type="checkbox"/> Delete
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	V ANDERSON, JAMES T 105 WESTWOOD PLACE STE 400 BRENTWOOD, TN <input type="checkbox"/> Delete
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	VS WALL, HOWARD T 105 WESTWOOD PLACE STE 400 BRENTWOOD, TN <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	President & COO Slipkovich, Daniel S. 105 Westwood Pl, Ste 400 Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Senior VP, Financial Ops Moody, Samuel H. 105 Westwood Pl, Ste 400 Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP, Finance, Treasurer Pantoja, Roberto G. 105 Westwood Pl, Ste 400 Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AVP, Controller, Chief Acctg Ofc Brumfield, Steven R. 105 Westwood Pl, Ste 400 Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AVP, & Asst. Secretary Edwards, Faye S. 105 Westwood Pl, Ste 400 Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Regional V.P. Brenzel, Mark T. 105 Westwood Pl, Ste 400 Brentwood, TN 37027 <input type="checkbox"/> Change <input checked="" 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: Howard T. Wall, III (615) 370-1377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #