2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 16, 2009
Secretary of State

DOCUMENT# F99000001881

Entity Name: PROVINCE HEALTHCARE COMPANY

Current Principal Place of Business:

103 POWELL CT
SUITE 200
BRENTWOOD, TN 37027 US

New Principal Place of Business:

Current Mailing Address:

103 POWELL CT
SUITE 200
BRENTWOOD, TN 37027 US

New Mailing Address:

FEI Number: 62-1710772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: PAUL
Address: 103 POWELL CT SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US

Title: V ( ) Delete
Name: CHRISTOPHER
Address: 103 POWELL CT SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US

Title: S ( ) Delete
Name: MARY KIM
Address: 103 POWELL CT SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US

Title: D ( ) Delete
Name: DILL, DAVID M
Address: 103 POWELL CT SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US

Title: T ( ) Delete
Name: COGGIN, MICHAEL S
Address: 103 POWELL COURT SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US

Title: V ( ) Delete
Name: BUMPUS, JOHN P
Address: 103 POWELL CT SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: GILBERT, PAUL
Address: 103 POWELL CT SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US

Title: V (X) Change ( ) Addition
Name: MONTE, CHRISTOPHER
Address: 103 POWELL CT SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US

Title: S (X) Change ( ) Addition
Name: SHIPP, MARY KIM
Address: 103 POWELL CT SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY KIM E SHIPP , SECRETARY S 07/16/2009

Electronic Signature of Signing Officer or Director — Date