

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001881

FILED
Jan 13, 2011
Secretary of State

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: S
Name: GILBERT, PAUL D
Address: 103 POWELL CT SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US

Title: VP
Name: MONTE, CHRISTOPHER J
Address: 103 POWELL CT SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US

Title: VP
Name: SHERMAN, JEFFREY S
Address: 103 POWELL CT SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAUL D. GILBERT

S

01/13/2011

Electronic Signature of Signing Officer or Director

Date