

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002142

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** COLUMBIA LAGRANGE HOSPITAL, INC.

**Current Principal Place of Business:**

ONE PARK PLAZA  
NASHVILLE, TN 37203 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 750  
NASHVILLE, TN 372020750 US

**New Mailing Address:**

**FEI Number:** 61-1276162      **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 ROAD  
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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DVP  
**Name:** MOORE, A. BRUCE JR.  
**Address:** ONE PARK PLAZA  
**City-St-Zip:** NASHVILLE, TN 37203 US

**Title:** P  
**Name:** HALL, CHUCK  
**Address:** ONE PARK PLAZA  
**City-St-Zip:** NASHVILLE, TN 37203 US

**Title:** DVPA  
**Name:** FRANCK, JOHN M II  
**Address:** ONE PARK PLAZA  
**City-St-Zip:** NASHVILLE, TN 37203 US

**Title:** DSVP  
**Name:** JOHNSON, R. MILTON  
**Address:** ONE PARK PLAZA  
**City-St-Zip:** NASHVILLE, TN 37203 US

**Title:** VPT  
**Name:** ANDERSON, DAVID G  
**Address:** ONE PARK PLAZA  
**City-St-Zip:** NASHVILLE, TN 37203 US

**Title:** VPS  
**Name:** BLACKWOOD, DORA A  
**Address:** ONE PARK PLAZA  
**City-St-Zip:** NASHVILLE, TN 37203 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: DORA A. BLACKWOOD

VPS

04/19/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date