

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # H90686 (7)
1. Corporation Name
LAKESIDE MEDICAL CENTER MANAGEMENT, INC.



Principal Place of Business
500 WEST MAIN STREET
P.O. BOX 740026
LOUISVILLE KY 40201-1438

Mailing Address
ATTN: TAX DEPARTMENT
P.O. BOX 740026
LOUISVILLE KY 40201-7426

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified
12/19/1985

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2620813

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or state, if applicable

(800) Registered Agent signature required when establishing

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, WAYNE
STREET ADDRESS 500 WEST MAIN STREET
CITY-ST-ZIP LOUISVILLE KY 40201-1438 ☐ DELETE

TITLE SVPD
NAME CASH, W. LARRY
STREET ADDRESS 500 WEST MAIN STREET
CITY-ST-ZIP LOUISVILLE KY 40201-1438 ☐ DELETE

TITLE SVPD
NAME COUGHLIN, KAREN A
STREET ADDRESS 500 WEST MAIN STREET
CITY-ST-ZIP LOUISVILLE KY 40201-1438 ☐ DELETE

TITLE SVPD
NAME GARMON, PHILIP B
STREET ADDRESS 500 WEST MAIN STREET
CITY-ST-ZIP LOUISVILLE KY 40201-1438 ☐ DELETE

TITLE SVPD
NAME LANKFORD, RONALD S MD
STREET ADDRESS 500 WEST MAIN STREET
CITY-ST-ZIP LOUISVILLE KY 40201-1438 ☐ DELETE

TITLE VP
NAME BAERNFEIND, GEORGE
STREET ADDRESS 500 WEST MAIN STREET
CITY-ST-ZIP LOUISVILLE KY 40201-1438 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME WOLF, GREGORY H.
1.3 STREET ADDRESS 500 W MAIN
LOUISVILLE KY 40201-1438 ☐ Change ☐ Addition

2.1 TITLE SVPD
2.2 NAME McALLISTER, MICHAEL B.
2.3 STREET ADDRESS 500 W MAIN
LOUISVILLE KY 40201-1438 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS ☐ Change ☐ Addition

4.1 TITLE VP
4.2 NAME MURRAY, JAMES E.
4.3 STREET ADDRESS 500 W MAIN
LOUISVILLE KY 40201-1438 ☐ Change ☐ Addition

5.1 TITLE S
5.2 NAME KROGER, JOAN O.
5.3 STREET ADDRESS 500 W MAIN
LOUISVILLE KY 40201-1438 ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George Baernfeind* GEORGE BAERNFEIND, V P-TAXES 4/30/97 (502)580-1000

CR2E034 (9/96)