

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 APR 20 AM 12:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J70525 (7)

1. Corporation Name
ST. AUGUSTINE HOSPITAL, INC.

Principal Place of Business
**4525 HARDING ROAD
P.O. BOX 24350
NASHVILLE TN 37202-1350**

Mailing Address
**4525 HARDING ROAD
P.O. BOX 24350
NASHVILLE TN 37202-1350**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/01/1987** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2822335** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **W. HUDSON CONNERY, JR.**
STREET ADDRESS **4525 HARDING ROAD**
CITY - ST - ZIP **NASHVILLE TN**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE **VP**
NAME **FRANCIS, RICHARD E JR.**
STREET ADDRESS **4525 HARDING ROAD**
CITY - ST - ZIP **NASHVILLE TN**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE **VP**
NAME **DONAHEY, KENNETH C.**
STREET ADDRESS **4525 HARDING ROAD**
CITY - ST - ZIP **NASHVILLE TN**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE **VP**
NAME **KOBAN, MICHAEL JR.**
STREET ADDRESS **4525 HARDING ROAD**
CITY - ST - ZIP **NASHVILLE TN**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE **V**
NAME **FLEETWOOD, JR. J M.**
STREET ADDRESS **4525 HARDING ROAD**
CITY - ST - ZIP **NASHVILLE TN**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE **S**
NAME **WHEELER, PHILIP D**
STREET ADDRESS **4525 HARDING ROAD**
CITY - ST - ZIP **NASHVILLE TN**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip D. Wheeler

Philip D. Wheeler

4/12/95 015/298-6226

ST. AUGUSTINE HOSPITAL, INC.

OFFICERS:

President: W. Hudson Connery, Jr.
Vice-President: Richard E. Francis, Jr.
Vice-President and
Asst. Treasurer: Michael A. Koban, Jr.
Vice-President: Kenneth C. Donahay
Vice-President: James M. Fleetwood, Jr.
Vice-President: Herbert T. Williams
Vice-President: R. Milton Johnson
Vice-President and
Treasurer: Glenn D. Davis
Secretary: Philip D. Wheeler
Asst. Secretary: Linn H. McCain, III
Asst. Secretary: Michelle B. Rutta
Asst. Secretary: Diane A. Sheffield
Asst. Secretary: Donald Street
Asst. Secretary: Julia A. Trottier

DIRECTORS:

Yolanda D. Chesley
Glenn D. Davis
R. Milton Johnson

ADDRESS

4525 Harding Road
Nashville, TN 37205