FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J70525** **(7)**

1. Corporation Name

ST. AUGUSTINE HOSPITAL, INC.

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

3. Date Incorporated or Qualified: 05/01/1987	3a. Date of Last Report: 04/19/1995
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 One Park Plaza	26 P.O. Box 570
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc. Attn: Tax Dept.
23 City & State: Nashville, TN	28 City & State: Nashville, TN
24 Zip: 37203 25 Country: US	29 Zip: 37202 30 Country: US

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of Registered Agent and the date. (If Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	P	☐ Change ☑ Addition
NAME	WILLIAMS, HERBERT T.		1.2 NAME	Noen, Daniel	
STREET ADDRESS	4525 HARDING ROAD		1.3 STREET ADDRESS	7975 NW 154th St. #400A	
CITY-ST-ZIP	NASHVILLE TN		1.4 CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	V	☐ DELETE	2.1 TITLE	V	☑ Change ☐ Addition
NAME	JOHNSON, MILTON R.		2.2 NAME	Johnson, R. Milton	
STREET ADDRESS	4525 HARDING ROAD		2.3 STREET ADDRESS	One Park Plaza	
CITY-ST-ZIP	NASHVILLE TN		2.4 CITY-ST-ZIP	Nashville, TN 37203	
TITLE	VT	☑ DELETE	3.1 TITLE	V/AS/D	☐ Change ☑ Addition
NAME	DAVID, GLENN D.		3.2 NAME	Braun, Stephen T.	
STREET ADDRESS	4525 HARDING ROAD		3.3 STREET ADDRESS	One Park Plaza	
CITY-ST-ZIP	NASHVILLE TN		3.4 CITY-ST-ZIP	Nashville, TN 37203	
TITLE	D	☑ DELETE	4.1 TITLE	V/T/D	☐ Change ☑ Addition
NAME	CHESLEY, YOLANDA D.		4.2 NAME	Colby, David C.	
STREET ADDRESS	4525 HARDING ROAD		4.3 STREET ADDRESS	One Park Plaza	
CITY-ST-ZIP	NASHVILLE TN		4.4 CITY-ST-ZIP	Nashville, TN 37203	
TITLE	S	☑ DELETE	5.1 TITLE	V/D	☐ Change ☑ Addition
NAME	SHEFFIELD, DIANE A.		5.2 NAME	Schweinhart, Richard A.	
STREET ADDRESS	4525 HARDING ROAD		5.3 STREET ADDRESS	One Park Plaza	
CITY-ST-ZIP	NASHVILLE TN		5.4 CITY-ST-ZIP	Nashville, TN 37203	
TITLE	S	☑ DELETE	6.1 TITLE	S	☐ Change ☑ Addition
NAME	STREET, DONALD		6.2 NAME	Franck, John M.	
STREET ADDRESS	4525 HARDING ROAD		6.3 STREET ADDRESS	One Park Plaza	
CITY-ST-ZIP	NASHVILLE TN		6.4 CITY-ST-ZIP	Nashville, TN 37203	

CR2E034 (12/95)

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 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: R. Milton Johnson — R. Milton Johnson 4/8/96 615-327-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #