

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J70525** (7)
1. Corporation Name
ST. AUGUSTINE HOSPITAL, INC.



Principal Place of Business ONE PARK PLAZA P.O. BOX 24350 NASHVILLE TN 37203 US	Mailing Address P.O. BOX 750 NASHVILLE TN 37203 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/01/1987	4. FEI Number 59-2822335 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**\$8.75 Additional
Fee Required**
**\$5.00 May Be
Added to Fees**

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 85 Zip Code FL	
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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 filed, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, MILTON R.			1.2 NAME			
STREET ADDRESS	ONE PARK PLAZA			1.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN			1.4 CITY-ST-ZIP			
TITLE	VASD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRAUN, STEPHEN T.			2.2 NAME	Blackwood, Dora		
STREET ADDRESS	ONE PARK PLAZA			2.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN			2.4 CITY-ST-ZIP			
TITLE	VJD	<input type="checkbox"/> DELETE		3.1 TITLE	DSVAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONAHEY, KENNETH			3.2 NAME			
STREET ADDRESS	ONE PARK PLAZA			3.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELTON, ROSALYN			4.2 NAME			
STREET ADDRESS	ONE PARK PLAZA			4.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCK, JOHN M.			5.2 NAME			
STREET ADDRESS	ONE PARK PLAZA			5.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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:

Dan A. Blackwood

4-23-98

CR2E034 (10/97)