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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

(2)

GALEN HOSPITAL-PEMBROKE PINES, INC.

GALEN	HUSPITALTEMBRUKE	FINES, INC.				
Principal Place of	f Business	Mailing Address				18 titt Bilbit Bible Bibre Bibre Bebre geber geber 1861
ONE PARK PLAZA NASHVILLE TN 37203		P.O. BOX 570 ATTN: TAX DEPT NASHVILLE TN 37202				LO. David at Proof
US		US			3. Date Incorporated or Qualified 12/21/1989	3a. Date of Last Report 05/01/1995
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number 31-1289190	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		,,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Orty & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z(p)	Country		8. This corporation has liability for Florida Statutes Yes	intangible tax under s. 199.032, s. □ No
	25 Curr	29 Agent	30		10. Name and Address of New I	
	9. Name and Address of Curi	ent Registered Agent	81	Name		
	ENTICE-HALL CORPORATION	I SYSTEM, INC.	82		fress (P.O. Box Number is Not Acceptal	ble)
SUITE 10			83			
TALLAH/	ASSEE FL 32301		84	City		FL 85 Zip Code
					pration submits this statement for the pu	
IZ. TITLE NAME STREET ADDRESS	P MOEN, DANIEL J. ONE PARK PLAZA	AND DIRECTORS  DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STHEET	ADDRESS 7	Sume ume 975 NW 154K; #400A	Change Additio
CITY-ST-ZIP	NASHVILLE TN		14 CiTY S	T - Z:P	mismi Lakes, FL 3	30/ <b>(</b> 
TITLE	DS	☐ DELETE	2 1 TITLE	1	)   V	A change Addition
NAME	SCHWEINHART, RICHARI	) A	2.2 NAME			
STREET ADDRESS	ONE PARK PLAZA		2 3 STREET	i		
CITY - ST - ZIP	NASHVILLE TN	C) DELETE	2.4 Crity - S 3.1 THILE	1 - Z-P	DIV	Change Addition
TITLE	VPGC Braun, Stephen T	[ ] been	3.2 NAME		Samt	
NAME	201 W MAIN STREET			I ADDRESS	Le Park Plaza	
STREET ADDRESS	LOUISVILLE KY		3.4 C·TY - S		lashville. To 37203	
CHTY-ST ZIP TITLE	DSPT	☐ DELETE	4 1 TITLE	D	IVIT	🔀 Change 🔲 Addilio
NAME	COLBY, DAVID C		4.2 NAMÉ			
STREET ADDRESS	ONE PARK PLAZA		4 3 STREE	ADORESS		
CITY - ST- ZIP	NASHVILLE TN		4.4.Ci1y-5	51 - ZIP		Change Addition
TITLE	VPF	DELETE	5 1 TI'LE		Via President	Contange Contange
NAME	GRECO, SAMUEL A		5.2 NAME		R. Millon Jehnson Day Polk Plaza	
STREET ADDRESS	201 W MAIN STREET			T ADORESS	DAL POINT (NEW )	
CITY - ST - ZIP	LOUISVILLE KY	——————————————————————————————————————	5.4 C/TY -		Nashylle, To 37203	Cnange Addition
TITLE	VT	DELETE	6 1 Ti'UF	1.	Toba AA Franck	
NAME	ANDERSON, DAVID G.		6.2 NAME	T A DODY OF	John M. Franck Ou Park Plaza	
STREET ADDRESS	201 WEST MAIN				Nashille. To 37203	
CITY - ST - 7:P	LOUISVILLE KY	liad with this films is valuatesik f	- £40H) urnished and doc		C. C. No. and Allen at standing Continue 1	19.07(3)(k), Florida Statutes. I further
14. Ldo hereb certify that	by certify that the information support the information indicated on this	arinual report or supplemental a	innual report is t	ue and acc	ty for the exemption stated in Section in curate and that my signature shall have that this report as required by Chapter 607,	he same legal effect as if made und Florida Statutes, and that my name
oath; that	I am an officer or director of the on Block 12 or Block 13 if challiged	corporation or the receiver or trust or on an attackment with an ar	stee empowered Ildress	to execute	this report as required by Chapter 607,	Tiongs Statemen, and that my Form
appears ir	N BIOOK 12 OF BUILT TO II N 1999	1-11			4/2/61.	116/227-6661

SIGNATURE AND TYPED OF PROTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: (