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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L37863 (2)

1. Corporation Name

GALEN HOSPITAL-PEMBROKE PINES, INC.

Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203
US

Mailing Address

P.O. BOX 570
ATTN: TAX DEPT
NASHVILLE TN 37202-0570
US



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

29 Zip

30 Country

PO Box 750

Nashville TN

37202

USA

3. Date Incorporated or Qualified

12/21/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

31-1289190

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|-------------------------|---------------------------|-----------------|-------------------------------------|
| P | MOEN, DANIEL J. | 7975 NW 154GH, SUITE 400A | MIAMI LAKES FL | <input type="checkbox"/> |
| BY | SCHWEINHART, RICHARD A. | ONE PARK PLAZA | NASHVILLE TX | <input type="checkbox"/> |
| DV | ONE PARK PLAZA | 201 W MAIN STREET | NASHVILLE TN | <input checked="" type="checkbox"/> |
| DVT | COLBY, DAVID O | ONE PARK PLAZA | NASHVILLE TN | <input type="checkbox"/> |
| VP | R. MILTON JOHNSON | ONE PARK PLAZA | LOUISVILLE KY | <input type="checkbox"/> |
| S | JOHN M. FRANCK | ONE PARK PLAZA | NASHVILLE TN | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|---------------------|------------------|--------------------|---------------------|--|
| | Fleetwood, Jim | | | <input checked="" type="checkbox"/> |
| 2.1 TITLE | DSVAT | | | <input checked="" type="checkbox"/> |
| 2.2 NAME | Donahay, Kenneth | | | <input type="checkbox"/> |
| 2.3 STREET ADDRESS | | | | <input type="checkbox"/> |
| 2.4 CITY - ST - ZIP | | | | <input type="checkbox"/> |
| 3.1 TITLE | | | | <input type="checkbox"/> |
| 3.2 NAME | | | | <input type="checkbox"/> |
| 3.3 STREET ADDRESS | | | | <input type="checkbox"/> |
| 3.4 CITY - ST - ZIP | | | | <input type="checkbox"/> |
| 4.1 TITLE | DV | | | <input checked="" type="checkbox"/> |
| 4.2 NAME | Elton, Rosalyn | | | <input type="checkbox"/> |
| 4.3 STREET ADDRESS | | | | <input type="checkbox"/> |
| 4.4 CITY - ST - ZIP | | | | <input type="checkbox"/> |
| 5.1 TITLE | | | | <input type="checkbox"/> |
| 5.2 NAME | | | | <input type="checkbox"/> |
| 5.3 STREET ADDRESS | | | | <input type="checkbox"/> |
| 5.4 CITY - ST - ZIP | | | | <input type="checkbox"/> |
| 6.1 TITLE | | | | <input type="checkbox"/> |
| 6.2 NAME | | | | <input type="checkbox"/> |
| 6.3 STREET ADDRESS | | | | <input type="checkbox"/> |
| 6.4 CITY - ST - ZIP | | | | <input type="checkbox"/> |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0478819

CR2E034 (9/96)