

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company QUORUM HEALTH RESOURCES, LLC 105 CONTINENTAL PLACE BRENTWOOD TN 37027		DOCUMENT # M98000000691	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address c/o Legal Dept. 103 Continental Place City & State Brentwood, TN Zip 37027 Country USA	
3. Date Organized or Qualified 06/30/1998		3a. State of Formation DE	
4. FEI Number 62-1742954		☐ Applied For ☐ Not Applicable	
5. Date of Last Report N/A		6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	FLEMING, EUGENE C	103 CONTINENTAL PLACE	BRENTWOOD TN
MGR	HEWETT, STEVE B	103 CONTINENTAL PLACE	BRENTWOOD TN
MGR	STOKES, JAMES G	103 CONTINENTAL PLACE	BRENTWOOD TN
MGR	DEMPSEY, DAVE P	103 CONTINENTAL PLACE	BRENTWOOD TN
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <i>David P. Dempsey</i> /David P. Dempsey, Manager 4/20/99 615/371-7979 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER (L.S.) Daytime Phone #			

FILED

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SECRETARY OF STATE

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BRENTWOOD TN 37027

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C T CORPORATION SYSTEM
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PLANTATION FL 33324

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Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

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Zip Code

FL

DATE

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SIGNATURE: *David P. Dempsey* /David P. Dempsey, Manager 4/20/99 615/371-7979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

(L.S.)

Daytime Phone #