2001 UNIFORM BUSINESS REPORT (UBR)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # M98000000691

1. Entity Name
QUORUM HEALTH RESOURCES, LLC

Principal Place of Business	Mailing Address
105 CONTINENTAL PLACE BRENTWOOD TN 37027	C/O LEGAL DEPT. 103 CONTINENTAL PLACE BRENTWOOD TN 37027

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 62-1742954 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FLEMING, EUGENE C 103 CONTINENTAL PLACE BRENTWOOD TN 37027	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Rappuhn, Terry Allison 103 Continental Place Brentwood, TN 37027	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HEWETT, STEVE B 103 CONTINENTAL PLACE BRENTWOOD TN 37027	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STOKES, JAMES G 103 CONTINENTAL PLACE BRENTWOOD TN 37027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DEMPSEY, DAVE P 103 CONTINENTAL PLACE BRENTWOOD TN 37027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700003909[illegible] -03/26/01--01099--022 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 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.

SIGNATURE: David P Dempsey JR ED /David P. Dempsey 3/13/01 615/371-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

QUORUM

QUORUM HEALTH RESOURCES, LLC
103 CONTINENTAL PLACE
BRENTWOOD, TENNESSEE 37027
(615) 371-7979

March 16, 2001

Registration Section
Florida Division of Corporations
P O Box 6327
Tallahassee, FL 32314-6327

RE: Quorum Health Resources, LLC
2001 Uniform Business Report

Dear Sir or Madam:

Enclosed is the annual report for the above referenced limited liability company together with a check in the amount of $50.00 to cover the filing fee.

Thank you for your assistance with this filing.

Sincerely,

Gail H. McKinnon
Paralegal

Enclosures