

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000716

1. Entity Name.

LHSC, LLC

APPROVED  
AND FILED  
AM 9:49

00 MAY 24 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7186



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>ONE PARK PLAZA</b> <b>NASHVILLE TN 37203</b>	Mailing Address <b>ONE PARK PLAZA</b> <b>NASHVILLE TN 37203-0527</b>
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2. Principal Place of Business <b>103 Powell Court, Suite 200</b> <b>Brentwood, TN 37027</b>	3. Mailing Address <b>103 Powell Court, Suite 200</b> <b>Brentwood, TN 37027</b>
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City & State	City & State	4. FEI Number <b>62-1778111</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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 W. J. Carpenter III - RA  
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 FLEETWOOD, JAMES M JR ONE PARK PLAZA NASHVILLE TN 37203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See attached</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MERCY, SCOTT L ONE PARK PLAZA NASHVILLE TN 37203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800003214588-2</b> <b>-04/19/00--01062--001</b> <b>*****341.25 *****50.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FRANCK, JOHN M II ONE PARK PLAZA NASHVILLE TN 37203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JOHNSON, R. MILTON JR ONE PARK PLAZA NASHVILLE TN 37203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRUBBS, RONALD LEE JR ONE PARK PLAZA NASHVILLE TN 37203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: W. J. Carpenter III **SIGNATURE REQUIRED** 3.8.0 615.312.8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #  
William E. Carpenter III Manager

CF 2E083 (9/11)