2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# P04000056063

Entity Name: FORT LAUDERDALE HOSPITAL, INC.

Current Principal Place of Business:

840 CRESCENT CENTRE DR
SUITE 460
FRANKLIN, TN 37067

New Principal Place of Business:

Current Mailing Address:

840 CRESCENT CENTRE DR
SUITE 460
FRANKLIN, TN 37067

New Mailing Address:

6640 CAROTHERS PKWY
SUITE 500
FRANKLIN, TN 37067

FEI Number: 20-1021229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	JACOBS, JOEY	
Address:	6640 CAROTHERS PARKWAY, SUITE 500	
City-St-Zip:	FRANKLIN, TN 37067	
Title:	VSD	( ) Delete
Name:	DAVIDSON, STEVEN T	
Address:	6640 CAROTHERS PARKWAY, SUITE 500	
City-St-Zip:	FRANKLIN, TN 37067	
Title:	VT	( ) Delete
Name:	POLSON, JACK	
Address:	6640 CAROTHERS PARKWAY, SUITE 500	
City-St-Zip:	FRANKLIN, TN 37067	
Title:	V	( ) Delete
Name:	TURNER, BRENT	
Address:	6640 CAROTHERS PARKWAY, SUITE 500	
City-St-Zip:	FRANKLIN, TN 37067	
Title:	SEC	( ) Delete
Name:	HOWARD, CHRISTOPHER L	
Address:	6640 CAROTHERS PARKWAY, SUITE 500	
City-St-Zip:	FRANKLIN, TN 37067	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER L HOWARD SEC 03/24/2008

Electronic Signature of Signing Officer or Director — Date