

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000064488

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** WEST JACKSONVILLE MEDICAL CENTER, INC.

**Current Principal Place of Business:**

ONE PARK PLAZA  
NASHVILLE, TN 37203

**New Principal Place of Business:**

**Current Mailing Address:**

ONE PARK PLAZA  
NASHVILLE, TN 37203

**New Mailing Address:**

**FEI Number:** 80-0463070

**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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HAZEN, SAMUEL N  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203

Title: DSVP  
Name: STINNETT, DONALD W  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203

Title: VPS  
Name: BLACKWOOD, DORA A  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203

Title: DVPA  
Name: FRANCK, JOHN M II  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203

Title: VPT  
Name: ANDERSON, DAVID G  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203

Title: VP  
Name: GRUBBS, RONALD L JR.  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203

I hereby 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 all other like empowered.

SIGNATURE: DORA A. BLACKWOOD

VPS

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date