

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33774

FILED
Apr 23, 2012
Secretary of State

Entity Name: CHS/COMMUNITY HEALTH SYSTEMS, INC.

Current Principal Place of Business:

4000 MERIDIAN BLVD.
FRANKLIN, TN 37067 US

New Principal Place of Business:

Current Mailing Address:

4000 MERIDIAN BLVD.
FRANKLIN, TN 37067 US

New Mailing Address:

FEI Number: 76-0137985 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD
Name: SMITH, WAYNE T
Address: 4000 MERIDIAN BLVD.
City-St-Zip: FRANKLIN, TN 37067

Title: EVPD
Name: CASH, W. LARRY
Address: 4000 MERIDIAN BLVD.
City-St-Zip: FRANKLIN, TN 37067

Title: DS
Name: SEIFERT, RACHEL A
Address: 4000 MERIDIAN BLVD.
City-St-Zip: FRANKLIN, TN 37067

Title: TVP
Name: DOUCETTE, JAMES W
Address: 4000 MERIDIAN BLVD.
City-St-Zip: FRANKLIN, TN 37067

Title: VP
Name: HAMMONS, KEVIN J
Address: 4000 MERIDIAN BLVD
City-St-Zip: FRANKLIN, TN 37067

Title: SVP
Name: SCHWEINHART, MARTIN G
Address: 4000 MERIDIAN BLVD
City-St-Zip: FRANKLIN, TN 37067

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: RACHEL A. SEIFERT

DS

04/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date