


4-18-97 B-4901  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38918 (9)  
1. Corporation Name  
QHG OF ALABAMA, INC.



Principal Place of Business 103 CONTINENTAL PLACE BRENTWOOD TN 37027 US	Mailing Address 103 CONTINENTAL PLACE C/O LEGAL DEPT. BRENTWOOD TN 37027-5014 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/21/1992	3a. Date of Last Report 04/19/1996
4. FEI Number 62-1491803	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

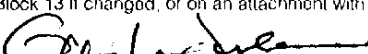
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	DALTON, JAMES E., JR.
STREET ADDRESS	103 CONTINENTAL PLACE
CITY-ST-ZIP	BRENTWOOD TN
TITLE	VS <input type="checkbox"/> DELETE
NAME	BATTS, CHRISTY F.
STREET ADDRESS	103 CONTINENTAL PLACE
CITY-ST-ZIP	BRENTWOOD TN
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, ROLAND P.
STREET ADDRESS	103 CONTINENTAL PLACE
CITY-ST-ZIP	BRENTWOOD TN
TITLE	AS <input type="checkbox"/> DELETE
NAME	JENKINS, GAYLE
STREET ADDRESS	103 CONTINENTAL PLACE
CITY-ST-ZIP	BRENTWOOD TN
TITLE	PD <input type="checkbox"/> DELETE
NAME	WILLIAMS, S. F JR
STREET ADDRESS	103 CONTINENTAL PLACE
CITY-ST-ZIP	BRENTWOOD TN
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fleming, Eugene C.
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Burks, Ashby Q.
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Powers, Marsha D.
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	VTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hewett, Steve B.
6.3 STREET ADDRESS	103 Continental Place
6.4 CITY-ST-ZIP	Brentwood, TN 37027

14. I do 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 annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  /Gayle Jenkins 4-16-97 615-371-7979

CR2E034 (9/96)