

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38918

1. Entity Name

QHG of Alabama, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

103 Continental Place

3. Mailing Address

103 Continental Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Legal Dept.

City & State

Brentwood, TN

City & State

Brentwood, TN

Zip  
37027

Country  
USA

Zip  
37027

Country  
USA

4. FEI Number

62-1491803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI Services, Inc.

526 E. Park Avenue

Tallahassee, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax (filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | PD                    | <input type="checkbox"/> Delete |
| NAME           | Marsha D. Powers      |                                 |
| STREET ADDRESS | 103 Continental Place |                                 |
| CITY-ST-ZIP    | Brentwood, TN 37027   |                                 |
| TITLE          | VD                    | <input type="checkbox"/> Delete |
| NAME           | Terry A. Rappuhn      |                                 |
| STREET ADDRESS | 103 Continental Place |                                 |
| CITY-ST-ZIP    | Brentwood, TN 37027   |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | C. Thomas Neill       |                                 |
| STREET ADDRESS | 103 Continental Place |                                 |
| CITY-ST-ZIP    | Brentwood, TN 37027   |                                 |
| TITLE          | VS                    | <input type="checkbox"/> Delete |
| NAME           | Ashby Q. Burks        |                                 |
| STREET ADDRESS | 103 Continental Place |                                 |
| CITY-ST-ZIP    | Brentwood, TN 37027   |                                 |
| TITLE          | AS                    | <input type="checkbox"/> Delete |
| NAME           | Gayle Jenkins         |                                 |
| STREET ADDRESS | 103 Continental Place |                                 |
| CITY-ST-ZIP    | Brentwood, TN 37027   |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gayle Jenkins*

/ Gayle Jenkins

4/26/00

615/371-7979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 JUN 12 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

5-19-2000 90047 023-150.00  
DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)