

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P38918**

1. Entity Name

QHG OF ALABAMA, INC.**FILED****Mar 19, 2001 8:00 am**
Secretary of State

03-19-2001 90009 027 ***150.00

Principal Place of Business

**103 CONTINENTAL PLACE
BRENTWOOD TN 37027
US**

Mailing Address

**103 CONTINENTAL PLACE
C/O LEGAL DEPT.
BRENTWOOD TN 37027
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1491803**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 EAST PARK AVE.
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **POWERS, MARSHA D**
STREET ADDRESS **103 CONTINENTAL PLACE**
CITY-ST-ZIP **BRENTWOOD TN**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **RAPPUHN, TERRY A**
STREET ADDRESS **103 CONTINENTAL PLACE**
CITY-ST-ZIP **BRENTWOOD TN**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **NEILL, C. THOMAS**
STREET ADDRESS **103 CONTINENTAL PLACE**
CITY-ST-ZIP **BRENTWOOD TN**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VS** ☐ Delete
NAME **BURKS, ASHBY Q**
STREET ADDRESS **103 CONTINENTAL PLACE**
CITY-ST-ZIP **BRENTWOOD TN**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **AS** ☐ Delete
NAME **JENKINS, GAYLE**
STREET ADDRESS **103 CONTINENTAL PLACE**
CITY-ST-ZIP **BRENTWOOD TN**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/Gayle Jenkins

Date

3/8/01

Daytime Phone #

615/371-7979

CR2E034 (10/00)

Attachment #
P38918

QUORUM

QUORUM HEALTH GROUP, INC.
103 CONTINENTAL PLACE
BRENTWOOD, TENNESSEE 37027
(615) 371-7979

5/4624

March 16, 2001

Florida Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500


**RE: QHG of Alabama, Inc.
2001 Uniform Business Report**

Dear Sir or Madam:

Enclosed is the annual report for the above referenced corporation together with a check in the amount of \$150.00 to cover the filing fee.

Thank you for your assistance with this filing.

Sincerely,


Gail H. McKinnon
Paralegal

Enclosures