

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070082

1. Corporation Name

BROWARD HEALTHCARE SYSTEM, INC.

Principal Place of Business

ONE PARK PLACE
P O BOX 740035
NASHVILLE TN 37203
US

Mailing Address

P.O BOX 750
NASHVILLE TN 37202
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent's name must be printed when applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE P BOVENDER, JACK O [] DELETE

NAME ONE PARK PLACE

STREET ADDRESS NASHVILLE TN

CITY-ST-ZIP

TITLE DVST [X] DELETE

NAME DONAHEY, KENNETH

STREET ADDRESS ONE PARK PLACE

CITY-ST-ZIP NASHVILLE TN

TITLE DV [X] DELETE

NAME ELTON, ROSALYN

STREET ADDRESS ONE PARK PLACE

CITY-ST-ZIP NASHVILLE TN

TITLE V [] DELETE

NAME JOHNSON, R M

STREET ADDRESS ONE PARK PLACE

CITY-ST-ZIP NASHVILLE TN

TITLE AS [] DELETE

NAME BLACKWOOD, DORA A

STREET ADDRESS ONE PARK PLAZA

CITY-ST-ZIP NASHVILLE TN

TITLE DVSP [] DELETE

NAME FRANK II, JOHN M

STREET ADDRESS ONE PARK PLAZA

CITY-ST-ZIP NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition

12 NAME 1000002828304 8

13 STREET ADDRESS 104702799-01087-001

14 CITY-ST-ZIP ***150.00 ***150.00

21 TITLE [] Change [X] Addition

22 NAME DVP Joe Swedish

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE DVP [] Change [X] Addition

32 NAME Jay Grinney

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE VP [X] Change [] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE AS [] Change [X] Addition

52 NAME David Denson

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE [] Change [] Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 697, Florida Statutes, and that my name appears in Block 12 or Block 13 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

3-29-99

DATE

FILED

99 APR -2 PM 2:30

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1993

4. FEI Number

61-1249697

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)