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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070401 (3)

THC - HOLLYWOOD, INC.

## FILED May 01 1998 8:00am Secretary of State



FillOlpai Flac	e of pusifiess	Malling Address			
1859 VAN BUREN STREET HOLLYWOOD FL 33020		5110 WEST SAHARA AVE. SUITE 118		DO NOT INDITE IN T	HO CDACE
U\$		LAS VEGA NE 89102		DO NOT WRITE IN TH	115 SPACE
		US		3. Date Incorporated or Qualified	1
				10/11/1993	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-044 1533	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 400 W.	Market St., Ste. 3300	27 400 W. Market S	t Ste. 3300	<b>6.</b> Certificate of Statos Desired	Fee Required
City & Sta		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Louisv	i <b>ll</b> e, KY	28 Louisville, KY		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24 4020	<b>├</b> ─ ′		io US	Personal Property Tax due June 30.	Yes No
24 4020	2. Name and Address of Cur		<u> </u>	10. Name and Address of New Register	
C T CORPORATION SYSTEM 81 Name					
1200 \$ PINE ISLAND RD 82 Street				Address (P.O. Box Number is Not Acceptable)	
PL	ANTATION FL 33324				
			83		
			84 City		85 Zip Code
			Oily		EL S Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607,1508. Florida Statutes	s, the above-named	corporation submits this statement for the purpos	se of changing its registered
office or	registered agent, or both, in the St	ate of Florida. Such change was au	thorized by the corp	poration's board of directors. I hereby accept the	appointment as registered
agent. La	am tamiliar with, and accept the on	iligations of, Section 607,0505, Flori	ida Statutes.		1
SIGNATURE			Registered Agent signature	required when reinstalling) DA'	Tr.
	Signature, typed or printed name of registered	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	·
12.	T CEOD	X DELETE	1.1 19TLF	CEO	Change Addition
TITLE	CONTE, RICHARD L	A ottet		W. Bruce Lunsford	Change Q victorial
NAME			1.2 NAME	400 W. Market St., Ste. 3300	
STREET ADDRESS	5110 WEST SAHARA AVE		1.3 STREET ADDRESS	400 W. PHIREL St., Sie. 5500	į.
CITY-ST-ZIP	LAS VEGAS NV		1.4 City-St-ZIP	Louisville, KY 40202	
TITLE	D	X DELETE	2 1 TITLE	CFO_	Change 🙀 Addition
NAME	LINDHEIMER, JACK H.		2 2 NAME	W. Farl Reed, III	<u> </u>
STREET ADDRESS	4519 N. ROSEMEAS BLVD		2 3 STREET ADDRESS	400 W. Market St., Ste. 3300	
CITY-ST-ZIP	ROSEMEAD CA		2 4 CITY-ST-ZIP	Louisville, KY 40202	
TITLE	D	X DELETE	31 TITLE	Secretary	Change x Addition
NAME	THOMAS, ROBERT L.	MAI CELL	3.2 NAME	Joseph L. Landenwich	
	1144 MAINSAIL DRIVE			400 W. Market St., Ste. 3300	
STREET ADORESS	ANNAPOLIS MD		3 3 STREET ADDRESS	Louisville, KY 40202	
CITY-ST-ZIP	* * * * * * * * * * * * * * * * * * * *	SVI corpor	3 4. CITY-ST-ZIP	Treasurer	Observe III Laure's s
TITLE	CFOD WENDY I	X DELETE	4.1 TITLE	Richard A. Lechleiter	Change 🗶 Addition
NAME	SIMPSON, WENDY L	11.45	4. 2 NAME		
STREET ADDRESS	5110 WEST SAHARA AVEN	<i>I</i> UE	4.3 STREET ADDRESS	400 W. Market St., Ste. 3300	
CITY-ST-ZIP	LAS VEGAS NV		4.4 CITY-ST-ZIP	Louisville, KY 40202	
TITLE	D	<b>X</b> DELETE	51 TITLE	000	Change 🗶 Addition
NAME	SHIRES, DANA L. JR. M	$\epsilon_1$	5 2 NAME	Michael R. Barr	
STREET ADDRESS	2111 SWANN AVENUE		5 3 STREET ADDRESS		
	TAMPA FL			400 W. Market St., Ste. 3300	
CITY-ST-ZIP	S S	kel priete	5.4 C(TY-ST-ZIP	Louisville, KY 40202	☐ Change ☑ Addition
TITLE	1 -	X DELETE	61 TITLE	Vice President	Change 🙀 Addition
NAME	KOPTA, JULIA		6.2 NAME	Brian K. Wood	
STREET ADDRESS	5110 WEST SAHARA AVEN	NF .	6.3 STREET ADDRESS	400 W. Market St., Ste. 3300	
CITY OT TIP	LAS VEGAS NV		6 A CITY ST. 7ID	Louisville, KY 40202	i

14. 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 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 trusted 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.

Brian K. Wood

4/22/98

(502) 596-7300

## THC - Hollywood, Inc.

**DIRECTORS** 

Michael R. Barr

Director

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

Thomas T. Ladt

Director

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

W. Bruce Lunsford

Director

Primary Address:

400 West Market Street, Suite 3300

Louisville, KY 40202

W. Earl Reed, III

Director

Primary Address:

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Louisville, KY 40202

**OFFICERS** 

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Vice President, Ancillary Services

Primary Address:

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Vice President, Clinical Operations

Primary Address:

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Chief Operating Officer and Executive Vice President

Primary Address:

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Primary Address:

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Vice President, West Region

Primary Address:

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Primary Address:

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Secretary

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