

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000009578 (3)

1. Corporation Name

COLUMBIA PARK HEALTHCARE SYSTEM, INC.

Principal Place of Business

Mailing Address

ONE PARK PLAZA
SUITE 100
NASHVILLE TN 37203
US

P O BOX 570
ATTN: TAX DEPT
NASHVILLE TN 37202
US



2. Principal Place of Business

2a. Mailing Address

21 One Park Plaza

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Nashville, TN

24 Zip 37203 25 Country US

29 Zip 30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/07/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
61-1254801

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New 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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE C
NAME VANDERWAER, DAVID T
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

☐ DELETE

TITLE D
NAME MOEN, DANIEL J
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

☐ DELETE

TITLE D
NAME LOWNDES, JOHN F
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

☐ DELETE

TITLE SVPD
NAME SWEDISH, JOSEPH R
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DIP
Moen, Daniel J.
7975 N.W. 154th Street, #400A
Miami Lakes, FL 33016

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

815 North Eola Drive
ORLANDO, FL 32801

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

2111 Glenwood Dr., Suite 100
Winter Park, FL 32792

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

V
Johnson, Milton R
One Park Plaza
Nashville, TN 37203

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: R. Milton Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

Date

(615) 327-9551

Daytime Phone #

CR2E034 (12/95)