FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:46

DOCUMENT # **P94000011110 (1)**

1. Corporation Name
VOLUSIA HEALTHCARE NETWORK, INC.

Principal Place of Business	Mailing Address
7975 N.W. 154TH ST. SUITE 400A MIAMI LAKES FL 33016	7975 N.W. 154TH ST. SUITE 400A MIAMI LAKES FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1994
3a. Date of Last Report:

2. Principal Place of Business
21 ONE PARK PLAZA
22 Suite, Apt. #, etc.
23 City & State: NASHVILLE TN
24 Zip: 37203 25 Country:

2a. Mailing Address
26 PO BOX 570
27 Suite, Apt. #, etc.: ATTN: TAX DEPT.
28 City & State: NASHVILLE TN
29 Zip: 37202 30 Country:

4. FEI Number: 61-1258725 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when manually signed.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	VANDEWATER, DAVID T	12 NAME		
STREET ADDRESS	201 W. MAIN ST.	13 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	LOUISVILLE KY 40202	14 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	MOEN, DANIEL J	22 NAME		
STREET ADDRESS	7975 N.W. 154TH ST., SUITE 400A	23 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	MIAMI LAKES FL 33016	24 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	HOPPING, JAMIE E	32 NAME		
STREET ADDRESS	7975 N.W. 154TH ST., SUITE 400A	33 STREET ADDRESS	ONE PARK PLAZA	
CITY ST ZIP	MIAMI LAKES FL 33016	34 CITY ST ZIP	NASHVILLE TN 37203	
TITLE		41 TITLE	D	☒ Change ☐ Addition
NAME		42 NAME	JAMIE E. HOPPING	
STREET ADDRESS		43 STREET ADDRESS	ONE PARK PLAZA	
CITY ST ZIP		44 CITY ST ZIP	NASHVILLE TN 37203	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☒ Change ☐ Addition
NAME		62 NAME	RESIGNED 7/31/94	
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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 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: Vice President APR 28 95 615-320-2151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087845 CP

November 1, 1994

994-11TD 1

OFFICERS AND DIRECTORS
OF
VOLUSIA HEALTHCARE NETWORK, INC.

***David T. Vandewater**	**Chairman**	**201 West Main Street** **Louisville, KY 40202**
***Daniel J. Moen**	**President-Florida Group**	**7975 NW 154th St., Ste. 400A** **Miami Lakes, FL 33016**
Stephen T. Braun	Senior Vice President and Secretary	201 West Main Street Louisville, KY 40202
David C. Colby	Senior Vice President, Chief Financial Officer and Treasurer	201 West Main Street Louisville, KY 40202
Samuel A. Greco	Senior Vice President-Finance	201 West Main Street Louisville, KY 40202
Paul J. McKnight	*President-North Florida Division*	*1830 Buford Court* Tallahassee, FL 32308
Brandi D. Ewoldt	Vice President and Assistant Secretary	500 West Main Street-10th Floor Louisville, KY 40202
***Jamie E. Hopping**	**Vice President and Assistant Secretary**	**7975 NW 154th St., Ste. 400A** **Miami Lakes, FL 33016**
Rachel A. Seifert	Vice President and Assistant Secretary	201 West Main Street Louisville, KY 40202
Doug Sills	Vice President and Assistant Secretary	Daytona Medical Center 400 North Clyde Morris Blvd. Daytona Beach, FL 32120

*Directors
(Florida)