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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000011110 (1)

1. Corporation Name

VOLUSIA HEALTHCARE NETWORK, INC.



Principal Place of Business

ONE PARK PLAZA
SUITE 400A
NASHVILLE TN 37203
US

Mailing Address

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

3. Date Incorporated or Qualified

02/10/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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 Florida address

(NOTE: Registered Agent Signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME VANDEWATER, DAVID T
STREET ADDRESS ONE PARK PLAZA
CITY - ST - ZIP NASHVILLE TN

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D/P

☒ Change ☐ Addition

TITLE D ☐ DELETE

NAME MOEN, DANIEL J
STREET ADDRESS 37203ARK PLAZA NASHVILLE, TN
CITY - ST - ZIP NASHVILLE TN

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

✓

☒ Change ☐ Addition

TITLE D ☒ DELETE

NAME HOPPING, JAMIE E
STREET ADDRESS 7975 N.W. 154TH ST., SUITE 400A
CITY - ST - ZIP MIAMI LAKES FL 33016

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

✓

☐ Change ☒ Addition

TITLE D ☒ DELETE

NAME HOPPING, JAMIE E
STREET ADDRESS ONE PARK PLAZA
CITY - ST - ZIP NASHVILLE TN

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

✓

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

S

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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

R. MILTON JOHNSON

4/29/96

(415) 327-1551

Date

Telephone Number

CR2E034 (12/95)