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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 37202-0570
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified
02/10/1994

3a. Date of Last Report
05/01/1996

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

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

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE V
NAME JOHNSON, R. MILTON
STREET ADDRESS ONE PARK PLAZA
CITY- ST- ZIP NASHVILLE TN ☐ DELETE

TITLE VT
NAME GOLBY, DAVID G.
STREET ADDRESS ONE PARK PLAZA
CITY- ST- ZIP NASHVILLE TN ☐ DELETE

TITLE S
NAME FRANCK, JOHN M.
STREET ADDRESS ONE PARK PLAZA
CITY- ST- ZIP NASHVILLE TN ☐ DELETE

TITLE DV
NAME BRAUN, STEPHEN T.
STREET ADDRESS ONE PARK PLAZA
CITY- ST- ZIP NASHVILLE TN ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE DV
2.2 NAME Elton, Rosalyn
2.3 STREET ADDRESS one Park Plaza
2.4 CITY- ST- ZIP Nashville TN 37203 ☐ Change ☒ Addition

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Donahay, Kenneth
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

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

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

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)