

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

DOCUMENT # **P94000011110**

1. Entity Name
VOLUSIA HEALTHCARE NETWORK, INC.



04-30-2003 90329 023 ***150.00

11030378



| | | | |
|---|---------|--|---------|
| Principal Place of Business ONE PARK PLAZA SUITE 400A NASHVILLE TN 37203 US | | Mailing Address P O BOX 370 ATTN: TAX DEPT NASHVILLE TN 37202 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 750 Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 37202 - 0750 | |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **61-1258725** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

| | |
|--|----------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MOORE, A. BRUCE ONE PARK PLAZA NASHVILLE TN 37203 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition A. BRUCE MOORE, JR. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP JOHNSON, R. MILTON ONE PARK PLAZA NASHVILLE TN | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GRUBBS, RONALD LEE ONE PARK PLAZA NASHVILLE TN 37203 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS FRANK, JOHN M ONE PARK PLAZA NASHVILLE TN | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN M. FRANK JR. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS BLACKWOOD, DORA A ONE PARK PLAZA NASHVILLE TN | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPAS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS DENSON, DAVID L ONE PARK PLAZA NASHVILLE TN 37203 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPAS |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DORA A. BLACKWOOD, VICE PRESIDENT AND ASSISTANT SECRETARY

Date **4-22-03** 6:15/344-2162
Daytime Phone #

CR2E034 (10/02)