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 # **P94000031968 (8)** N/C. 2-1-96

1. Corporation Name

WEST FLORIDA HOSPITAL CORPORATION now known as

GATEWAY MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
155 FRANKLIN RD S 400 BRENTWOOD TN 37027 US	155 FRANKLIN RD S 400 BRENTWOOD TN 37027 US

3. Date Incorporated or Qualified: 04/27/1994
3a. Date of Last Report: 03/08/1995

4. FEI Number: 59-3238218 ☐ 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 X Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

000001817070
-05/13/96--01016--046
83 ***200.00

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 agent is a corporation (NOTE: Registered Agent signature required where indicated.)

12. OFFICERS AND DIRECTORS		
TITLE	DSVP	☐ DELETE
NAME	WILBURN, TYREE G	
STREET ADDRESS	155 FRANKLIN ROAD, #400	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	DVPT	☐ DELETE
NAME	MOFFETT, DEBORAH G	
STREET ADDRESS	3707 FM 1960 WEST, #500	
CITY-ST-ZIP	HOUSTON TX	
TITLE	DVPC	☐ DELETE
NAME	BUFORD, T. M	
STREET ADDRESS	3707 FM 1960 WEST, #500	
CITY-ST-ZIP	HOUSTON TX	
TITLE	P	☐ DELETE
NAME	CHANEY, E. T	
STREET ADDRESS	3707 FM 1960 WEST, #500	
CITY-ST-ZIP	HOUSTON TX	
TITLE	SVP	XX DELETE
NAME	RASH, MARTINS S	
STREET ADDRESS	155 FRANKLIN ROAD, #400	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	VP	XX DELETE
NAME	ANDERSON, J. T	
STREET ADDRESS	155 FRANKLIN ROAD, #400	
CITY-ST-ZIP	BRENTWOOD TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	VP	☐ Change XX Addition
12 NAME	Agee, Paul T.	
13 STREET ADDRESS	155 Franklin Road, Suite 400	
14 CITY-ST-ZIP	Brentwood, TN 37027	
21 TITLE	DSVPT	XX Change ☐ Addition
22 NAME	Moffett, Deborah G.	
23 STREET ADDRESS	155 Franklin Road, Suite 400	
24 CITY-ST-ZIP	Brentwood, TN 37027	
31 TITLE	DVPC	XX Change ☐ Addition
32 NAME	Buford, T. Mark	
33 STREET ADDRESS	155 Franklin Road, Suite 400	
34 CITY-ST-ZIP	Brentwood, TN 37027	
41 TITLE	P	XX Change ☐ Addition
42 NAME	Chaney, E. Thomas	
43 STREET ADDRESS	155 Franklin Road, Suite 400	
44 CITY-ST-ZIP	Brentwood, TN 37027	
51 TITLE	S	☐ Change XX Addition
52 NAME	Parsons, Linda K.	
53 STREET ADDRESS	155 Franklin Road, Suite 400	
54 CITY-ST-ZIP	Brentwood, TN 37027	
61 TITLE	AS	☐ Change XX Addition
62 NAME	Martin-Michels, Sara	
63 STREET ADDRESS	155 Franklin Road, Suite 400	
64 CITY-ST-ZIP	Brentwood, TN 37027	

CR2E034 (12/95)

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: Sara Martin-Michels 4/29/96 615/377-4532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sara Martin-Michels, Assistant Secretary