

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 # **P94000058656**

1. Corporation Name

TAMPA BAY HEALTH SYSTEM, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

8/9/94

3a. Date of Last Report

4/28/95

2. Principal Place of Business

21 **ONE PARK PLAZA**

Suite, Apt. #, etc.

2a. Mailing Address

26 **C/O Columbia/HCA Tax Dept**

Suite, Apt. #, etc.

4. FEI Number

61-1269299

Applied For

Not Applicable

22

City & State

23 **NASHVILLE, TN**

Zip

24 **37203**

Country

27 **P.O. BOX 570**

City & State

28 **NASHVILLE, TN**

Zip

29 **37202**

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
DANIEL MOEN
ONE PARK PLAZA
NASHVILLE, TN 37203**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V
STEPHEN T. BRAUN
ONE PARK PLAZA
NASHVILLE, TN 37203**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VT
DAVID C. COLBY
ONE PARK PLAZA
NASHVILLE, TN 37203**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
DAVID VANDEWATER
ONE PARK PLAZA
NASHVILLE, TN 37203**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

**S
John M. Franck
ONE PARK PLAZA
NASHVILLE, TN 37203**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V
R. Milton Johnson
ONE PARK PLAZA
NASHVILLE, TN 37203**

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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

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

**600001844506
-05/30/96--01054--027
***200.00**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Franck

5-1-96

Date

Signature Printed Name