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May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000058656 (7)

1. Corporation Name  
TAMPA BAY HEALTH SYSTEM, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203 US		Mailing Address POB OX 750 PO BOX 570 NASHVILLE TN 37202 US	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
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. City			
84. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDEWATER, DAVID T	1.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	1.4 CITY-ST-ZIP	
TITLE	<del>ADD</del>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MOEN, DANIEL J</del>	2.2 NAME	DSVAT
STREET ADDRESS	ONE PARK PLAZA	2.3 STREET ADDRESS	Donahay, Kenneth
CITY-ST-ZIP	NASHVILLE TN 37203	2.4 CITY-ST-ZIP	
TITLE	<del>V</del>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BRAUN, STEPHEN T.</del>	3.2 NAME	DVP
STREET ADDRESS	ONE PARK PLAZA	3.3 STREET ADDRESS	Ehlon, Rosalyn
CITY-ST-ZIP	NASHVILLE TN 37203	3.4 CITY-ST-ZIP	
TITLE	<del>8</del>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCK, JOHN M.	4.2 NAME	DVS
STREET ADDRESS	ONE PARK PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MILTON R.	5.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	AS
STREET ADDRESS		6.3 STREET ADDRESS	Blackwood, Dora A.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:

*W. A. Blackwood*

4-23-98

CR2E034 (10/97)