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Apr 29 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 # P94000063160 (3)

1. Corporation Name
MEDICAL CENTER OF PORT ST. LUCIE, INC.

Principal Place of Business	Mailing Address
PO BOX 750 ONE PARK PLAZA NASHVILLE TN 37202 US	~~ATTN: TAX DEPT~~ ~~ONE PARK PLAZA~~ ~~NASHVILLE TN 37203~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1994

2. Principal Place of Business 21	2a. ~~Mailing Address~~ 26 PO Box 750	4. FEI Number: 61-1269293	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 Nashville TN	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 37202 / 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DSVT~~	☒ DELETE	1.1 TITLE	AS	☐ Change ☒ Addition
NAME	~~BRAUN, STEPHEN T~~		1.2 NAME	Blackwood, Dora A.	
STREET ADDRESS	ONE PARK PLAZA		1.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		1.4 CITY-ST-ZIP		
TITLE	~~DSVT~~	☐ DELETE	2.1 TITLE	DSVAT	☒ Change ☐ Addition
NAME	DONAHEY, KENNETH C.		2.2 NAME		
STREET ADDRESS	ONE PARK PLAZA		2.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		2.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ELTON, ROSALYN S.		3.2 NAME		
STREET ADDRESS	ONE PARK PLAZA		3.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		3.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FLEETWOOD, JIM		4.2 NAME		
STREET ADDRESS	7975 NW 154TH STREET, #400A		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, R. M		5.2 NAME		
STREET ADDRESS	ONE PARK PLAZA		5.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE	DVPS	☒ Change ☐ Addition
NAME	FRANCK, JOHN M		6.2 NAME		
STREET ADDRESS	ONE PARK PLAZA		6.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 _____ 4/4/98