

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # **94000063160**

1. Entity Name

Medical Center of Port St. Lucie, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
One Park Plaza

3. Mailing Address
One Park Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Legal Dept.

City & State
Nashville, TN

City & State
Nashville, TN

300235262283
05/17/12-01033-008 **300.00
11-12

CR2E034B (1/11)

4. FEI Number
611269293

Applied For
Not Applicable

Zip
37203

Country
US

Zip
37203

Country
us

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

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7. Name and Address of Current Registered Agent

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25

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

E-mail Address:

shirley.scharf@cahealthcare.com

E-mail address to be used for future annual report notices.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
Samuel N. Hazen
One Park Plaza
Nashville, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DSVP
Donald W. Stinnett
One Park Plaza
Nashville, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVPA
John M. Franck II
One Park Plaza
Nashville, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
Dora A. Blackwood
One Park Plaza
Nashville, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
David G. Anderson
One Park Plaza
Nashville, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Ronald Lee Grubbs, Jr.
One Park Plaza
Nashville, TN 37203**

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MAY 16 2012

S. PRATHER

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered, am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Dora A. Blackwood

Dora A. Blackwood, VPS

5/04/2012

(615) 344-2162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2012

MEDICAL CENTER OF PORT ST. LUCIE, INC.
% SHIRLEY SCHARF/LEGAL DEPT
ONE PARK PLAZA
NASHVILLE, TN 37203 US

SUBJECT: MEDICAL CENTER OF PORT ST. LUCIE, INC.
Ref. Number: P94000063160

Pursuant to our telephone conversation of April 30, 2012, I am enclosing a blank Annual Report that needs to be completed in its entirety and the fee(s) to bring this corporation current is \$300.00. Due to a clerical error this corporation was dissolved in error.

After the corrections have been made, please return the document and a copy of this letter to my personal and confidential attention at the address below within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Stacy Prather
Document Specialist Supervisor

Letter Number: 312A00012949