FILE NOW: FILING FEE AFTER MAY 1ST IS $61.25

1 ● Amended Annual Report

APPROVED AND FILED

98 JUL -1 AM 7:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P94000074517 (1)

1. Corporation Name

Williston Medical Center

Principal Place of Business	Mailing Address
125 S.W. Seventh Street Williston, Florida 32696	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1994

2. Principal Place of Business	2a. Mailing Address
21 125 S.W. SeventhStreet	26 125 S.W. Seventh Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Williston, Florida	City & State 28 Williston, Florida
Zip / Country 24 32696 / 25 Levy	Zip / Country 29 32696 / 30 Levy

4. FEI Number: 59-3272556 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 800002578158--6 83 -07/01/98--01097--009 84 City ******8.75 FL 85 Zip Code ******8.75

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD ☒ DELETE	11 TITLE	Director, CEO ☒ Change ☐ Addition
12 NAME	Hayes, T F	12 NAME	Hayes, T. Farrell
13 STREET ADDRESS	900 James Bldg 735 Broad St	13 STREET ADDRESS	900 James Bldg 735 Broad Street
14 CITY-ST-ZIP	Chattanooga, TN	14 CITY-ST-ZIP	Chattanooga, TN 37402
21 TITLE	COO ☒ DELETE	21 TITLE	President, COO ☒ Change ☐ Addition
22 NAME	Glass, Roger W	22 NAME	Glass, Roger W.
23 STREET ADDRESS	900 James Bldg 735 Broad St	23 STREET ADDRESS	900 James Bldg 735 Broad Street
24 CITY-ST-ZIP	Chattanooga, TN	24 CITY-ST-ZIP	Chattanooga, TN 37402
31 TITLE	S ☐ DELETE	31 TITLE	Assistant Secretary ☐ Change ☒ Addition
32 NAME	Geselbracht, Kim G	32 NAME	Rogers, James C.
33 STREET ADDRESS	900 James Bldg 735 Broad St	33 STREET ADDRESS	900 James Bldg 735 Braod Street
34 CITY-ST-ZIP	Chattanooga, TN	34 CITY-ST-ZIP	Chattanooga, TN 37402 ☐ Change ☐ Addition
41 TITLE	☐ DELETE	41 TITLE	800002578158--6
42 NAME		42 NAME	-07/01/98--01097--008
43 STREET ADDRESS		43 STREET ADDRESS	*****61.25 *****61.25
44 CITY-ST-ZIP		44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE	☐ DELETE	51 TITLE	$8 7/1
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE	☐ DELETE	61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby 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 11 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Roger W. Glass May 19, 98 423-267-8406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)