#Letter

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

FILED
Jul 28 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 # P94000074517 (1)

1. Corporation Name
Williston Medical Center

Principal Place of Business

Mailing Address
735 Broad Street
Suite 900, James Bldg.
Chatta., TN 37402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/11/1994

2. Principal Place of Business (21)

2a. Mailing Address (28)

4. FEI Number
59-3272556
☐ 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 (26)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25)

Zip (29) Country (30)

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

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent

91 Name

92 Street Address (P.O. Box Number is Not Acceptable)

93

94 City FL 95 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	PD	☒ DELETE	1.1 TITLE	Director, CEO	☒ Change ☐ Addition
NAME	Hayes, T F		1.2 NAME	Hayes, T. Farrell	
STREET ADDRESS	900 James Bldg 735 Broad St		1.3 STREET ADDRESS	900 James Bldg 735 Broad Street	
CITY-ST-ZIP	Chattanooga, TN		1.4 CITY-ST-ZIP	Chattanooga, TN 37402	
TITLE	COO	☒ DELETE	2.1 TITLE	President, COO	☒ Change ☐ Addition
NAME	Glass, Roger W		2.2 NAME	Glass, Roger W.	
STREET ADDRESS	900 James Bldg 735 Broad St		2.3 STREET ADDRESS	900 James Bldg 735 Broad Street	
CITY-ST-ZIP	Chattanooga, TN		2.4 CITY-ST-ZIP	Chattanooga, TN 37402	☐ Change ☒ Addition
TITLE	S	☐ DELETE	3.1 TITLE	Assistant Secretary	
NAME	Geselbracht, Kim G		3.2 NAME	Rogers, James C.	
STREET ADDRESS	900 James Bldg 735 Broad St		3.3 STREET ADDRESS	900 James Bldg 735 Braod Street	
CITY-ST-ZIP	Chattanooga, TN		3.4 CITY-ST-ZIP	Chattanooga, TN 37402	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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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 report or supplemental attached reports 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: Roger W. Glass May 19,98 423-267-8406
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR DATE DAYTIME TELEPHONE NUMBER

Roger W. Glass

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 23, 1998

WILLISTON MEDICAL CENTER, INC.
C/O ROGER GLASS
900 JAMES BLDG. 735 BROAD ST.
CHATTANOOGA, TN 37402

SUBJECT: WILLISTON MEDICAL CENTER, INC.
Ref. Number: P94000074517

Please be advised, we have received your request to file an amended annual report for the above corporation; however, the document **has not been filed** and is being returned for the following:

Please provide the corporation's mailing address in section 2a. ✓ see attached.

The signature(s) on the report must be original and in ink. A photocopy or stamped signature is not acceptable. ✓ see attached.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORTS SECTION Letter number: 598A00034522

/jr