FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:43

DOCUMENT # **P94000083358 (9)**

1. Corporation Name
MEMORIAL HEALTHCARE GROUP, INC.

Principal Place of Business	Mailing Address
210 W. MAIN STREET LOUISVILLE KY 40202	210 W. MAIN STREET LOUISVILLE KY 40202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 ONE PARK PLAZA	26 P O BOX 570
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. ATTN: TAX DEPT
23 City & State: NASHVILLE TN	28 City & State: NASHVILLE TN
24 Zip: 37203 25 Country:	29 Zip: 37202 30 Country:

4. FEI Number: 59-3283127 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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	D	11 TITLE	P	☒ Change ☐ Addition
NAME *	BROWN, J. BROOKS	12 NAME	DANIEL J. MOEN	
STREET ADDRESS	3627 UNIVERSITY BLVD. SOUTH, #830	13 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	JACKSONVILLE FL 32216	14 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	21 TITLE	SVP S	☒ Change ☐ Addition
NAME	CUSICK, W. PATRICK	22 NAME	STEPHEN T. BRAUN	
STREET ADDRESS	3627 UNIVERSITY BLVD. SOUTH, #830	23 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	JACKSONVILLE FL 32216	24 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	31 TITLE	SVP DT	☒ Change ☐ Addition
NAME	MCGEHEE, C. GRAHAM	32 NAME	DAVID C. COLBY	
STREET ADDRESS	3627 UNIVERSITY BLVD. SOUTH, #830	33 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	JACKSONVILLE FL 32216	34 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	SNEED, GARY W	42 NAME	J. BROOKS BROWN, M.D.	
STREET ADDRESS	3627 UNIVERSITY BLVD. SOUTH, #830	43 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	JACKSONVILLE FL 32216	44 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	SLEANDER, GUY T	52 NAME		
STREET ADDRESS	3627 UNIVERSITY BLVD. SOUTH, #830	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	WILSON, NATHAN H	62 NAME		
STREET ADDRESS	3627 UNIVERSITY BLVD. SOUTH, #830	63 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] Vice President 04 20 95 615-320-2151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0384006 CP