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FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000083358 (9)

1. Corporation Name

MEMORIAL HEALTHCARE GROUP, INC.

Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203
US

Mailing Address

P.O. BOX 570
ATTN: TAX DEPT
NASHVILLE TN 37202-0570
US



2. Principal Place of Business

2a. Mailing Address

21 PO Box 750

22 Suite, Apt. #, etc.

23 City & State Nashville TN

24 Zip 37202 25 Country USA

3. Date Incorporated or Qualified
11/15/1994

3a. Date of Last Report
05/01/1996

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 nondiscriminatory tax under s. 199.032, Florida Statutes ☒ 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

(Signature of registered agent or registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P MOEN, DANIEL J ☒ DELETE
NAME ONE PARK PLAZA
STREET ADDRESS NASHVILLE TN
CITY-ST-ZIP
TITLE DV ☐ DELETE
NAME BRAUN, STEPHEN T
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN
TITLE DVT ☐ DELETE
NAME GOLBY, DAVID C
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN
TITLE V ☐ DELETE
NAME JOHNSON, R. MILTON
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN
TITLE S ☐ DELETE
NAME FRANCK, JOHN. M.
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN
TITLE SVPO ☐ DELETE
NAME SCHWEMHART, RICHARD A
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Donahay, Kenneth
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Elton, Rosalyn
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0476784

CR2E034 (9/96)