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FILED
May 19 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 # 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 750
ATTN: TAX DEPT
NASHVILLE TN 37202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME DV
STREET ADDRESS BRAUN, STEPHEN T
CITY-ST-ZIP ONE PARK PLAZA
NASHVILLE TN

TITLE ☐ DELETE
NAME DV
STREET ADDRESS DONAHEY, KENNETH
CITY-ST-ZIP ONE PARK PLAZA
NASHVILLE TN

TITLE ☐ DELETE
NAME V
STREET ADDRESS JOHNSON, R. MILTON
CITY-ST-ZIP ONE PARK PLAZA
NASHVILLE TN

TITLE ☐ DELETE
NAME S
STREET ADDRESS FRANCK, JOHN. M.
CITY-ST-ZIP ONE PARK PLAZA
NASHVILLE TN

TITLE ☐ DELETE
NAME SVP
STREET ADDRESS ELTON, ROSALYN
CITY-ST-ZIP ONE PARK PLAZA
NASHVILLE TN

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME DSVAT
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition
42 NAME DVS
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☒ Change ☐ Addition
52 NAME DV
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☒ Addition
62 NAME AS
63 STREET ADDRESS Blackwood, Dora
64 CITY-ST-ZIP One Park Plaza
Nashville TN 37203

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

4-22-98

CR2E034 (10/97)