

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

1997 AUG 13 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000011053 (2)

1. Corporation Name  
SAN JUAN MEDICAL CENTER, INC.



Principal Place of Business

3401 W END AVE SUITE 700  
NASHVILLE TN 37203

Mailing Address

PO BOX 1200  
NASHVILLE TN 37202

2. Principal Place of Business

21 3820 State Street

2a. Mailing Address

26 c/o Mary H. Yumibe

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Santa Barbara, CA

28 Santa Barbara, CA

Zip

Country

Zip

Country

24 93105

25 USA

29 93105

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

02/09/1995

3a. Date of Last Report

04/02/1996

4. FEI Number

59-2801428

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

4000002123874-2  
03/25/97-01085-001  
\*\*\*\*165.00 \*\*\*\*165.00

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 D ☒ DELETE

NAME HOUGH, WILLIAM L  
STREET ADDRESS 3401 WEST END AVE, STE 700  
CITY-ST-ZIP NASHVILLE TN 37203

TITLE D ☐ DELETE

NAME PITTS, KEITH B  
STREET ADDRESS 3401 WEST END AVE, STE 700  
CITY-ST-ZIP NASHVILLE TN 37203

TITLE D ☒ DELETE

NAME SOLTMAN, RONALD P  
STREET ADDRESS 3401 WEST END AVE, STE 700  
CITY-ST-ZIP NASHVILLE TN 37203

TITLE T ☒ DELETE

NAME TONNIES, RUSSELL F  
STREET ADDRESS 3401 WEST END AVE, STE 700  
CITY-ST-ZIP NASHVILLE TN 37203

TITLE VP ☒ DELETE

NAME PARR, RICHARD A II  
STREET ADDRESS 3401 WEST END AVE, STE 700  
CITY-ST-ZIP NASHVILLE TN 37203

TITLE AS ☒ DELETE

NAME ABBOTT, KAREN H  
STREET ADDRESS 3401 WEST END AVE, STE 700  
CITY-ST-ZIP NASHVILLE TN 37203

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Michael H. Focht, Sr.  
1.3 STREET ADDRESS 3820 State Street  
1.4 CITY-ST-ZIP Santa Barbara, CA 93105

2.1 TITLE DVS ☐ Change ☒ Addition

2.2 NAME Scott M. Brown  
2.3 STREET ADDRESS 3820 State Street  
2.4 CITY-ST-ZIP Santa Barbara, CA 93105

3.1 TITLE VCFO ☐ Change ☒ Addition

3.2 NAME Trevor Fetter  
3.3 STREET ADDRESS 3820 State Street  
3.4 CITY-ST-ZIP Santa Barbara, CA 93105

4.1 TITLE VT ☐ Change ☒ Addition

4.2 NAME Terence P. McMullen  
4.3 STREET ADDRESS 3820 State Street  
4.4 CITY-ST-ZIP Santa Barbara, CA 93105

5.1 TITLE AS ☐ Change ☒ Addition

5.2 NAME Alan Lundgren  
5.3 STREET ADDRESS 3820 State Street  
5.4 CITY-ST-ZIP Santa Barbara, CA 93105

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

9000002266839-1  
08/14/97-01085-001  
\*\*\*\*385.00 \*\*\*\*385.00

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: Scott M. Brown

Secretary 3/13/97 805/563-7075

CR2E034 (9/96)