

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000064003

1. Corporation Name

BIG CYPRESS MEDICAL CENTER, INC.

Principal Place of Business

ONE PARK PLAZA  
NASHVILLE TN 37203

Mailing Address

PO BOX 750  
NASHVILLE TN 37202  
US

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST  
SUITE 105  
TALLAHASSEE FL 32301

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 the date if applicable

(Print) Registered Agent Signature, typed or printed name, and date if applicable

Date

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<del>D</del>	11 TITLE	
NAME	<del>DONAHEY, KENNETH</del>	12 NAME	DVP A. Bruce Moore
STREET ADDRESS	ONE PARK PLAZA	13 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	14 CITY-ST-ZIP	
TITLE	<del>D</del>	21 TITLE	
NAME	<del>ELTON, ROSALYN</del>	22 NAME	VP Ronald Lee Grubbs
STREET ADDRESS	ONE PARK PLAZA	23 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 32703	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	
NAME	BLACKWOOD, DORA A	32 NAME	
STREET ADDRESS	ONE PARK PLAZA	33 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	
NAME	MILTON, JOHNSON	42 NAME	
STREET ADDRESS	ONE PARK PLAZA	43 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	44 CITY-ST-ZIP	
TITLE	DVPS	51 TITLE	
NAME	FRANCK, JOHN M II	52 NAME	
STREET ADDRESS	ONE PARK PLAZA	53 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0502, 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

99 MAR 18 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1995

4. FEI Number

62-1612829

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 the current year Intangible  
Personal Property Tax

[ ] Yes [ ] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)