2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000106406** Feb 19, 2001 8:00 am Secretary of State COMMUNITY HEALTH SYSTEMS OF AMERICA, INC. 02-19-2001 90061 019 ***150.00 Principal Place of Business Mailing Address 2790 SUNSET POINT ROAD 2790 SUNSET POINT ROAD CLEARWATER FL 33759 **CLEARWATER FL 33759** 110104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3549859 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILLEBOE, CHARLES R ESQ. Street Address (P.O. Box Number is Not Acceptable) 2790 SUNSET POINT ROAD **CLEARWATER FL 33759** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME MASTERS, MICHAEL R STREET ADDRESS 1 CHAMPION LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AUSTIN TX 78734** TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition NAME MASTERS, RHONDA J NAME STREET ADDRESS STREET ADDRESS 1 CHAMPION LANE CITY-ST-7IP CITY-ST-ZIP **AUSTIN TX 78734** Delete TITLE TITI F ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I 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 report or supplemental 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 of trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment v

SIGNATURE:

President