

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90103 002 ***150.00

0965568

DOCUMENT # P99000043813
 1. Entity Name
EAST FLORIDA DIVISION, INC.

Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203	Mailing Address ONE PARK PLAZA NASHVILLE TN 37203
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 62-1783521	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	GRINNEY, JAY
STREET ADDRESS	ONE PARK PLAZA
CITY-ST-ZIP	NASHVILLE TN 37203
TITLE	VP <input type="checkbox"/> Delete
NAME	WATERMAN, ROBERT
STREET ADDRESS	ONE PARK PLAZA
CITY-ST-ZIP	NASHVILLE TN 37203
TITLE	VP <input type="checkbox"/> Delete
NAME	CAMPBELL, VICTOR L
STREET ADDRESS	ONE PARK PLAZA
CITY-ST-ZIP	NASHVILLE TN 37203
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David DENSON
STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	Nashville TN 37203
TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A. Bruce Moore, Jr.
STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	Nashville TN 37203
TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. Milton Johnson
STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	Nashville TN 37203
TITLE	DVPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John M. Franck II
STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	Nashville TN 37203
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 or trustee empowered to execute this 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 with an address, with all other like empowered.

SIGNATURE: David Denson **Assistant Secretary** Date: 3-9-01 Daytime Phone #: (615) 344-2525

CR2E034 (10/00)