

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000063160

**Entity Name:** MEDICAL CENTER OF PORT ST. LUCIE, INC.**Current Principal Place of Business:**ONE PARK PLAZA  
LEGAL DEPT  
NASHVILLE, TN 37203**Current Mailing Address:**ONE PARK PLAZA  
LEGAL DEPT  
NASHVILLE, TN 37203 US**FEI Number:** 61-1269293**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                    |
|-----------------|--------------------|
| Title           | PD                 |
| Name            | HAZEN, SAMUEL N    |
| Address         | ONE PARK PLAZA     |
| City-State-Zip: | NASHVILLE TN 37203 |

|                 |                      |
|-----------------|----------------------|
| Title           | DSVP                 |
| Name            | WYATT, CHRISTOPHER F |
| Address         | ONE PARK PLAZA       |
| City-State-Zip: | NASHVILLE TN 37203   |

|                 |                    |
|-----------------|--------------------|
| Title           | DVPA               |
| Name            | FRANCK, JOHN M II  |
| Address         | ONE PARK PLAZA     |
| City-State-Zip: | NASHVILLE TN 37203 |

|                 |                    |
|-----------------|--------------------|
| Title           | VPS                |
| Name            | CLINE, NATALIE H   |
| Address         | ONE PARK PLAZA     |
| City-State-Zip: | NASHVILLE TN 37203 |

|                 |                    |
|-----------------|--------------------|
| Title           | SVPT               |
| Name            | HACKETT, JOHN M.   |
| Address         | ONE PARK PLAZA     |
| City-State-Zip: | NASHVILLE TN 37203 |

|                 |                      |
|-----------------|----------------------|
| Title           | VP                   |
| Name            | GRUBBS, RONALD L JR. |
| Address         | ONE PARK PLAZA       |
| City-State-Zip: | NASHVILLE TN 37203   |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NATALIE H. CLINE

VPS

04/23/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date