

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002039

Entity Name: HEALTHTRUST LOCUMS, INC.

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203

Current Mailing Address:

P.O. BOX 750
NASHVILLE, TN 37202

FEI Number: 26-2513751

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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 DSVP
Name RUTHERFORD, WILLIAM B
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 P
Name JONES, EDWARD T
Address 1100 DR. MARTIN L. KING, JR. BLVD.,
SUITE 1100
City-State-Zip: NASHVILLE TN 37203

Title VPAS
Name BALL, KEVIN A
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 TREASURER
Name CHEMIOV, JENNIFER
Address 1000 SAWGRASS CORPORATE
PKWY., 6TH FLOOR
City-State-Zip: SUNRISE FL 33323

Title VP
Name GRUBBS, JR., RONALD LEE
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

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date