

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 453708

5196 B 5692 C  
(0)

1. Corporation Name  
**TAMARAC HOSPITAL CORPORATION, INC.**



Principal Place of Business: ONE PARK PLAZA, P. O. BOX 550, NASHVILLE TN 37202  
Mailing Address: ONE PARK PLAZA, P. O. BOX 550, NASHVILLE TN 37202

3. Date Incorporated or Qualified: 05/27/1974  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1526455  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 One Park Plaza  
22 Suite, Apt. #, etc.:  
23 City & State: Nashville, TN  
24 Zip: 37203 25 Country: US  
26 Mailing Address: 26 P.O. Box 570  
27 Suite, Apt. #, etc.: Attn: Tax Dept.  
28 City & State: Nashville, TN  
29 Zip: 37202 30 Country: US

9. Name and Address of Current Registered Agent  
**PRENTICE HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street  
83 Suite 105  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and date of signature. (Name, Registered Agent signature restricted to electronic filing)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	MCKNIGHT, PAUL J., JR.	1830 BUFORD COURT	TALLAHASSEE FL	<input checked="" type="checkbox"/>
V	MOORE, JOSEPH D.	ONE PARK PLAZA	NASHVILLE, TN 0	<input checked="" type="checkbox"/>
D	JACOBS, JOEY A.	ONE PARK PLAZA	NASHVILLE, TN 00000	<input checked="" type="checkbox"/>
V	MALONE, DAVID J., JR.	ONE PARK PLAZA	NASHVILLE, TN 0	<input checked="" type="checkbox"/>
S	DAUGHERTY, BETTYE D.	ONE PARK PLAZA	NASHVILLE, TN 00000	<input checked="" type="checkbox"/>
T	SWAIN, DON D.	ONE PARK PLAZA	NASHVILLE, TN 00000	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
P	Moen, Daniel	7975 NW 154th St, #400A	Miami Lakes, FL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Johnson, R. Milton	One Park Plaza	Nashville, TN 37203	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/T/D	Colby, David C.	One Park Plaza	Nashville, TN 37203	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/AS/D	Brown, Stephen T.	One Park Plaza	Nashville, TN 37203	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/D	Schweinhart, Richard A.	One Park Plaza	Nashville, TN 37203	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	Franck, John M.	One Park Plaza	Nashville, TN 37203	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *R. Milton Johnson* R. Milton Johnson 4/3/96 615-327-9551  
Signature and typed name of signing officer or director Date, Telephone #

CR2E034 (12/95)