

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 453708 (0)**  
 1. Corporation Name: **TAMARAC HOSPITAL CORPORATION, INC.**

Principal Place of Business: <b>ONE PARK PLAZA                  P. O. BOX 550                  NASHVILLE TN 37203                  US</b>	Mailing Address: <b>P. O. BOX 570                  ATTN: TAX DEPT                  NASHVILLE TN 37202-0570                  US</b>
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2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address: 26 <b>PO BOX 750</b> 27 Suite, Apt. #, etc. 28 <b>Nashville TN</b> 29 <b>37208</b> 30 <b>USA</b>	3. Date Incorporated or Qualified: <b>05/27/1974</b> 3a. Date of Last Report: <b>05/01/1996</b> 4. FEI Number: <b>59-1526455</b> 5. Certificate of Status Desired: <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent: <b>PRENTICE HALL CORPORATION SYSTEM, INC.                  1201 HAYS ST                  SUITE 105                  TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent: B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>MOEN, DANIEL</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>7975 NW 154TH STR., #400A</b>	CITY-ST-ZIP: <b>MIAMI LAKES FL</b>	1.2 NAME:	
TITLE: <b>V</b> <input type="checkbox"/> DELETE	NAME: <b>JOHNSON, R. MILTON</b>	1.3 STREET ADDRESS:	
STREET ADDRESS: <b>ONE PARK PLAZA</b>	CITY-ST-ZIP: <b>NASHVILLE TN</b>	1.4 CITY-ST-ZIP:	
TITLE: <b>VTD</b> <input type="checkbox"/> DELETE	NAME: <b>COLBY, DAVID C.</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>ONE PARK PLAZA</b>	CITY-ST-ZIP: <b>NASHVILLE, TN 00000</b>	2.2 NAME:	
TITLE: <b>V</b> <input type="checkbox"/> DELETE	NAME: <b>BRAUN, STEPHEN T.</b>	2.3 STREET ADDRESS:	
STREET ADDRESS: <b>ONE PARK PLAZA</b>	CITY-ST-ZIP: <b>NASHVILLE, TN 0</b>	2.4 CITY-ST-ZIP:	
TITLE: <b>VD</b> <input type="checkbox"/> DELETE	NAME: <b>SCHWEINHART, RICHARD A.</b>	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>ONE PARK PLAZA</b>	CITY-ST-ZIP: <b>NASHVILLE, TN 00000</b>	3.2 NAME: <b>Doranay, Kenneth</b>	
TITLE: <b>S</b> <input type="checkbox"/> DELETE	NAME: <b>FRANCK, JOHN M.</b>	3.3 STREET ADDRESS:	
STREET ADDRESS: <b>ONE PARK PLAZA</b>	CITY-ST-ZIP: <b>NASHVILLE, TN 00000</b>	3.4 CITY-ST-ZIP:	
		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME: <b>Elton, Rosalyn</b>	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] **4-1-97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 0476700

CR2E034 (9/96)