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**95 APR 21 PM 1:42**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # V69317 (8)**

1. Corporation Name  
**HAMILTON MEMORIAL HOSPITAL, INC.**

Principal Place of Business      Mailing Address

**201 W MAIN STREET  
LOUISVILLE KY 40202  
US**

**500 WEST MAIN STREET  
P. O. BOX 740035 ATTN: TAX DEPT.  
LOUISVILLE KY 40201-7435  
US**

3. Date Incorporated or Qualified: **10/07/1992**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **61-1227423**

Applied For:  Applied For,  Not Applicable

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. **NASHVILLE TN**

24. Zip: **37203**

25. Country

26. Mailing Address

26. **PO BOX 570**

27. Suite, Apt. #, etc. **ATTN: TAX DEPT**

28. City & State **NASHVILLE TN**

29. Zip: **37202**

30. Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 **FL**

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 title if applicable)      (NOTE: Registered Agent signature required when reappointing)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PCEO</b>
NAME	<b>SCOTT, RICHARD L.</b>
STREET ADDRESS	<b>201 W MAIN STREET</b>
CITY - ST - ZIP	<b>LOUISVILLE KY</b>
TITLE	<b>COO</b>
NAME	<b>VANDEWATER, DAVID T</b>
STREET ADDRESS	<b>201 W MAIN STREET</b>
CITY - ST - ZIP	<b>LOUISVILLE KY</b>
TITLE	<b>VPGC</b>
NAME	<b>BRAUN, STEPHEN T</b>
STREET ADDRESS	<b>201 W MAIN STREET</b>
CITY - ST - ZIP	<b>LOUISVILLE KY</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>DANIEL J. MOEN</b>	
13 STREET ADDRESS	<b>ONE PARK PLAZA</b>	
14 CITY - ST - ZIP	<b>NASHVILLE TN 37203</b>	
21 TITLE	<b>D SVP T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>DAVID C. COLBY</b>	
23 STREET ADDRESS	<b>ONE PARK PLAZA</b>	
24 CITY - ST - ZIP	<b>NASHVILLE TN 37203</b>	
31 TITLE	<b>D SVP S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	<b>ONE PARK PLAZA</b>	
34 CITY - ST - ZIP	<b>NASHVILLE TN 37203</b>	
41 TITLE	<b>D SVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>RICHARD A. SCHWEINHART</b>	
43 STREET ADDRESS	<b>ONE PARK PLAZA</b>	
44 CITY - ST - ZIP	<b>NASHVILLE TN 37203</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 110.07(3)(k), Florida Statutes. I further certify that the information disclosed 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:  **Brandi DeWoldt** 615 320 2157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Title      Telephone (Area #)

December 30, 1984

J69517

**OFFICERS AND DIRECTORS  
OF  
HAMILTON MEMORIAL HOSPITAL, INC.**

Daniel J. Moen	President	7975 NW 154th St., Ste. 400A Miami Lakes, FL 33016
*Stephen T. Braun	Senior Vice President and Secretary	201 West Main Street Louisville, KY 40202
*David C. Colby	Senior Vice President and Treasurer	201 West Main Street Louisville, KY 40202
Paul C. McKnight	Senior Vice President	1830 Buford Court Tallahassee, FL 32308
Joseph D. Moore	Senior Vice President	One Park Plaza Nashville, TN 37203
*Richard A. Schweinhart	Senior Vice President	201 West Main Street Louisville, KY 40202
David G. Anderson	Vice President and Assistant Treasurer	201 West Main Street Louisville, KY 40202
Jeff Anthony	Vice President	1830 Buford Court Tallahassee, FL 32308
David T. Bradford	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Ashby Q. Burks	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Bettye J. Daugherty	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Brandi D. Ewoldt	Vice President	500 West Main St., 10th Floor Louisville, KY 40202
James D. Hinton	Vice President	1401 Mitchell Avenue Jeffersonville, IN 47131-0563
Jay Jarrell	Vice President	7975 NW 154th St., Ste. 400A Miami Lakes, FL 33016
David J. Malone, Jr.	Vice President	One Park Plaza Nashville, TN 37203
Rachel A. Seifert	Vice President and Assistant Secretary	201 West Main Street Louisville, KY 40202
Linda J. McDonald	Assistant Secretary	201 West Main Street Louisville, KY 40202

**\*Directors  
(Florida)**

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, and Assistant Administrator of facilities owned and/or operated by this Corporation, are authorized by the Board of Directors of this Corporation to negotiate and enter into contracts and agreements necessary in the conduct of the day-to-day business of such facility, including, but not limited to, physician contracts, leases, purchase agreements, etc., which with the advice of legal counsel, shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolution required in connection with such contracts and agreements.