2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 23, 2001 8:00 am Secretary of State **DOCUMENT # V69317** 1. Entity Name HAMILTON MEMORIAL HOSPITAL, INC. 03-23-2001 90042 001 ***150.00 Principal Place of Business Mailing Address ONE PARK PLAZA P.O BOX 750 NASHVILLE TN 37203 NASHVILLE TN 37202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 61-1227423 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 8. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME MOORE, A. BRUCE NAME STREET ADDRESS ONE PARK PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37203 TITLE ☐ Delete TITI F Addition ☐ Change R.M. HON JOHNSON NAME BLACKWOOD, DORA A NAME One Park Plaza STREET ADDRESS ONE PARK PLAZA STREET ADDRESS CITY-ST-ZIP Nashville TN NASHVILLE TN CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DENSON, DAVID L NAME NAME STREET ADDRESS ONE PARK PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37203 TITLE ☐ Delete TITLE Change ☐ Addition NAME FRANCK, JOHN M NAME STREET ADDRESS ONE PARK PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN TITLE AS □ Delete TITLE Change ☐ Addition **NEVENS, ROBERT** NAME STREET ADDRESS ONE PARK PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN TITLE □ Delete TITLE Change ☐ Addition NAME GRUBBS, RONALD LEE NAME STREET ADDRESS ONE PARK PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37203 13. I 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 report or supplemental 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 repeliver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered. David Denson 3-9-0) Date SIGNATURE: Assistant Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR