

1.) CORPORATION NAME:

DUE DATE: **5/31/2014**

**Province Healthcare Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1512575**

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 330 Seven Springs Way

CITY/ST/ZIP: BRENTWOOD, TN 37027

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: DAVID M DILL TITLE: PRESIDENT ADDRESS: 330 Seven Springs Way CITY/ST/ZIP/CO: BRENTWOOD, TN 37027</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PAUL D GILBERT TITLE: EVP/Secretary ADDRESS: 330 Seven Springs Way CITY/ST/ZIP/CO: BRENTWOOD, TN 37027</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN P BUMPUS TITLE: EVP ADDRESS: 330 Seven Springs Way CITY/ST/ZIP/CO: BRENTWOOD, TN 37027</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL S COGGIN TITLE: SVP/Treasurer ADDRESS: 330 Seven Springs Way CITY/ST/ZIP/CO: BRENTWOOD, TN 37027</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CHRISTY S GREEN TITLE: VP/Secretary ADDRESS: 330 Seven Springs Way CITY/ST/ZIP/CO: BRENTWOOD, TN 37027</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CHRISTOPHER J MONTE TITLE: VICE PRESIDENT ADDRESS: 330 Seven Springs Way CITY/ST/ZIP/CO: BRENTWOOD, TN 37027</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: LEIF M MURPHY TITLE: EVP ADDRESS: 330 Seven Springs Way CITY/ST/ZIP/CO: BRENTWOOD, TN 37027	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Kathy Teague TITLE: Asst. Sec. ADDRESS: 330 Seven Springs Way CITY/ST/ZIP/CO: BRENTWOOD, TN 37027	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Kathy Teague	Kathy Teague, Asst. Sec.	5/2/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.