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## LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

|   |                                  |  |                                     |
|---|----------------------------------|--|-------------------------------------|
| 1. Registrant Name<br><b>Greenberg Traurig, LLP</b>   |                                  |  |                                     |
| 2. Registrant Address <input type="checkbox"/> Check if different than previously reported<br>Address <b>800 Connecticut Avenue, NW</b> Suite <b>500</b><br>City <b>Washington</b> State/Zip (or Country) <b>DC 20006</b> |                                  |  |                                     |
| 3. Principal Place of Business (if different from line 2)<br>City _____ State/Zip (or Country) _____  |                                  |  |                                     |
| 4. Contact Name<br><b>Nancy E. Taylor</b>   | Telephone<br><b>202-331-3133</b> | E-mail (optional)<br><b>taylor@gtlaw.com</b> | 5. Senate ID #<br><b>16896-1356</b> |
| 7. Client Name <input type="checkbox"/> Self<br><b>Province Healthcare, Inc.</b>  |                                  |  | 6. House ID #<br><b>31595121</b>    |

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-Dec

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  >> Termination Date \_\_\_\_\_

11. No Lobbying

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| 12. Lobbying Firms   | 13. Organizations   |
|--|---|
| <p><b>INCOME</b> relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> &gt;&gt; \$ <u>\$40,000.00</u><br/>Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000 of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p> | <p><b>EXPENSES</b> relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> &gt;&gt; \$ _____<br/>Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033 the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) the Internal Revenue Code</p> |

Signature *Nancy E. Taylor* Date 2/12/2004

Printed Name and Title Nancy E. Taylor - Shareholder Pag

Registrant Name: Greenberg Traurig, LLP

Client Name: Province Healthcare, Inc.

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

- 16. Specific Lobbying issues
  - Medicare issues
  - Medicare Reform
  - Medicaid

17. House(s) of Congress and Federal agencies contacted  Check if None  
**Department of Health & Human Services**  
**House of Representatives**  
**Senate**


18. Name of each individual who acted as a lobbyist in this issue area

| Name                    | Covered Official Position (if applicable) |
|-------------------------|---|
| <b>Kolton, Eleanor</b>  |   |
| <b>Rocco, Holly</b>     |   |
| <b>Taylor, Nancy E.</b> |   |
|                         |   |
|                         |   |
|                         |   |
|                         |   |

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

*NA*

*42*

Signature  Date 2/12/2004

Printed Name and Title Nancy E. Taylor - Shareholder Pag

Registrant Name: Greenberg Traurig, LLP

Client Name: Province Healthcare, Inc.

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client  
**Garagiola, Rob**

**ISSUE UPDATE**

24. General lobbying issues previously reported that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Business<br>(city and state or country) |
|------|---------|--|
|      |         |  |

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

**FOREIGN ENTITIES**

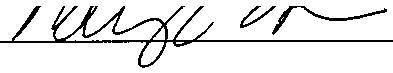
27. Add the following foreign entities

| Name | Address | Principal Place of Business<br>(city and state or country) | Amount of contribution<br>for lobbying activities |
|------|---------|--|---|
|      |         |  |   |

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registrant or affiliated organization

*NA*

*67*

Signature  Date 2/12/2004

Printed Name and Title Nancy E. Taylor - Shareholder Pag