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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 433464 (5)
1. Corporation Name
WEST FLORIDA REGIONAL MEDICAL CENTER, INC.



Principal Place of Business: ONE PARK PLAZA, P. O. BOX 550, NASHVILLE TN 37203 US
Mailing Address: PO BOX 570, ATTN: TAX DEPT, NASHVILLE TN 37202-0570 US

3. Date Incorporated or Qualified: 08/23/1973
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-1525468
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 Suite, Apt. #, etc. 22 City & State: 23 Nashville TN 24 Zip: 25 37202 29 Country: 30 USA

9. Name and Address of Current Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM INC., 1201 HAYS STREET, SUITE 105, TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent: 61 Name, 62 Street Address, 63, 64 City, 65 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	MOEN, DANIEL J	<input checked="" type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE TN	
CITY - ST - ZIP			
TITLE	DV	BRAUN, STEPHEN T	<input type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE, TN 00000	
CITY - ST - ZIP			
TITLE	VPDT	COLBY, DAVID C	<input type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE TN	
CITY - ST - ZIP			
TITLE	DVP	SCHWEINHART, RICHARD A	<input type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE, TN 00000	
CITY - ST - ZIP			
TITLE	S	JOHN M. FRANCK	<input type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE TN	
CITY - ST - ZIP			
TITLE	VP	R. MILTON JOHNSON	<input type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE TN	
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Donahay, Kenneth
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Elton, Rosalyn
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: Lawson DATE: 4/8/97

CR2E034 (9/96)