

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # **G11755 (7)**

1. Corporation Name
CORAL GABLES HOSPITAL, INC.



Principal Place of Business: 3401 W. END AVE. SUITE 700 NASHVILLE TN 37202
Mailing Address: 3401 W. END AVE. SUITE 700 NASHVILLE TN 37202

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) 37203 Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) 37202 Country (30)

3. Date Incorporated or Qualified: 12/01/1982
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2243206
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

9. Name and Address of Current Registered Agent: 1200

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 registered)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|---|
| TITLE | VPS | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOLTMAN, RONALD P | 1.2 NAME | |
| STREET ADDRESS | 3401 WEST END AVE STE 700 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NASHVILLE TN | 1.4 CITY-ST-ZIP | |
| TITLE | VS | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHNSON, JAMES H. | 2.2 NAME | |
| STREET ADDRESS | 3401 WEST END AVENUE, STE. 700 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NASHVILLE TN | 2.4 CITY-ST-ZIP | |
| TITLE | VT | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TONNIES, RUSSELL F. | 3.2 NAME | |
| STREET ADDRESS | 3401 WEST END AVENUE, STE. 700 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NASHVILLE TN | 3.4 CITY-ST-ZIP | |
| TITLE | PCOO | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BIANCO, NICK | 4.2 NAME | |
| STREET ADDRESS | 3100 DOUGLAS RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 4.4 CITY-ST-ZIP | |
| TITLE | VCFO | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SANZ, CAROLA | 5.2 NAME | |
| STREET ADDRESS | 3100 DOUGLAS RD. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 5.4 CITY-ST-ZIP | |
| TITLE | VPGC | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHNSON, JAMES H | 6.2 NAME | |
| STREET ADDRESS | 3401 WEST END AVENUE, STE. 700 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | NASHVILLE TN | 6.4 CITY-ST-ZIP | |

William L. Hough
3401 West End Ave.
Nashville, TN 37203

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***200.00

VCFO
Keith B. Pitts
3401 West End Ave.
Nashville, TN 37203

AS
Karen H. Abbott
3401 West End Ave.
Nashville, TN 37203

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 119.07(3)(k), 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: *Karen H. Abbott* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Karen H. Abbott, Asst. Sec. 3/7/96 615-460-1384

CR2E034 (12/95)