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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 MAR 18 PM 12:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 37203-1070**

2. Principal Place of Business
21 **3820 State Street**
Suite, Apt. #, etc.
22
City & State
23 **Santa Barbara, CA**
Zip Country
24 **93105** 25 **USA**

2a. Mailing Address
26 **c/o Mary H. Yumibe**
Suite, Apt. #, etc.
27 **3820 State Street**
City & State
28 **Santa Barbara, CA**
Zip Country
29 **93105** 30 **USA**

3. Date Incorporated or Qualified **12/01/1982** 3a. Date of Last Report **04/02/1996**
4. FEI Number **59-2243206** Applied For Not Applicable
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

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **700002116397-7**
-03/18/97-01132-001
84 City *****165.00** **FL** **88700000**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VPS	SOLTMAN, RONALD P	3401 WEST END AVE STE 700	NASHVILLE TN	<input checked="" type="checkbox"/>
P	HOUGH, WILLIAM L	3401 WEST END AVE	NASHVILLE TN 37203	<input checked="" type="checkbox"/>
VT	TONNIES, RUSSELL F.	3401 WEST END AVENUE, STE. 700	NASHVILLE TN	<input checked="" type="checkbox"/>
VCFO	PITTS, KEITH B	3401 WEST END AVE	NASHVILLE TN 37203	<input checked="" type="checkbox"/>
AS	ABBOLT, KAREN H	3401 WEST END AVE	NASHVILLE TN 37203	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
P	Martha Garcia	3100 Douglas Road	Coral Gables, FL 33134	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/D	Scott M. Brown	3820 State Street	Santa Barbara, CA 93105	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/T	Terence P. McMullen	3820 State Street	Santa Barbara, CA 93105	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/CFO	Trevor Fetter	3820 State Street	Santa Barbara, CA 93105	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AS	Alan Lundgren	3820 State Street	Santa Barbara, CA 93105	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. 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.

CR2E034 (9/96)

SIGNATURE _____