

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G11755

1. Corporation Name
CORAL GABLES HOSPITAL, INC.

Principal Place of Business

Mailing Address

**3820 STATE STREET
C/O MARY H. YUMIBE
SANTA BARBARA CA 93105**

**3820 STATE STREET
C/O MARY H. YUMIBE
SANTA BARBARA CA 93105**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's name and address must be typed.)

(DATE)

12. OFFICERS AND DIRECTORS

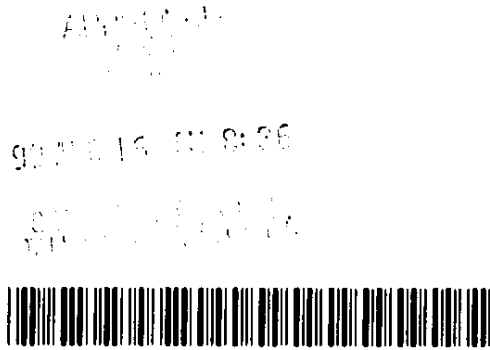
TITLE	P	[] DELETE
NAME	GARCIA, MARTHA	
STREET ADDRESS	3100 DOUGLAS ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	[X] DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	VT	[] DELETE
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	VCFO	[] DELETE
NAME	FETTER, TREVOR	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	AS	[X] DELETE
NAME	LUNDGREN, ALAN	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Add
12 NAME	000002848400- - 4
13 STREET ADDRESS	-04/22/99--01118--014
14 CITY-ST-ZIP	****150.00 ****150.00
21 TITLE	[] Change [X] Addition
22 NAME	VSD
23 STREET ADDRESS	Richard B. Silver
24 CITY-ST-ZIP	3820 State Street
31 TITLE	[] Change [] Addition
32 NAME	Santa Barbara, CA 93105
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	AS
43 STREET ADDRESS	Caitlin M. Larsen
44 CITY-ST-ZIP	3820 State Street
51 TITLE	[] Change [X] Addition
52 NAME	Santa Barbara, CA 93105
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g) 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, with all other like empowered.

SIGNATURE: *Caitlin M. Larsen* Caitlin M. Larsen, Asst. Sec. 4/8/99 805/563-7075



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1982

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 owns the current year filer's Personal Property Tax [] Yes [X] No

10. Name and Address of New Registered Agent

0555008

CR2E034 (1/1/98)