

G 11755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Certified Copies _____ Certificates of Status _____

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Office Use Only



100317402921

Hospital Corporation of America
One Park Plaza, P.O. Box 980
Tallahassee, Florida 32302
Tel (915) 27-9551

G11755

12/3
ag

December 1, 1982

HCA Hospital Corporation
of America

Corporation Division
Charter Section
Capitol Building
Tallahassee, FL 32301

COURIER

Dear Sir:

7216 12/07/82
008 4 30.00 DS

Please file the enclosed Articles of Incorporation for Coral Gables Hospital, Inc. A \$63.00 filing fee is also enclosed. Please return duplicate copy to my attention after filing. Thank you very much.

Sincerely,

Ruth B. Foster
Ruth B. Foster
Paralegal

Enclosures

FILED
NOV 22 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7216 12/07/82 3.00 DS
008 7216 3 12/07/82 15.00 DS
008 7216 5 12/07/82 15.00 DS
008

RECEIVED
DEC 3 2 49 PM '82
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

258

EFFECTIVE DATE

12-1-82

Name Available	ag 12/1/82
Document Examined	ag 12/1/82
Updater	ag 12/1/82
Update Verifier	TA 12-6
Acknowledgment	ag 12/1/82
W.P. Verifier	ag 12/1/82

EFFECTIVE DATE

611755

12-1-62

ARTICLES OF INCORPORATION
OF
CORAL GABLES HOSPITAL, INC.

FILED
NOV 22 PM 3 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE, THE UNDERSIGNED, hereby agree to organize a corporation under the laws of the State of Florida with Articles of Incorporation as follows:

FIRST: The name of the corporation is CORAL GABLES HOSPITAL, INC.

SECOND: The general nature of the business or businesses to be transacted is as follows:

The general nature of the business to be transacted by this corporation is the management of general hospitals and the building, leasing, owning and operation of private general hospitals and including, but not limited to, pharmacies, psychiatric care facilities, medical office buildings, beauty shops, book stores, flower and gift stores, in connection with said management, building, leasing, ownership and operation of hospitals. The foregoing notwithstanding, this corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida and may exercise those powers as enumerated in §607.011 of the Florida General Corporation Law as presently in force or as may be amended.

To manufacture, purchase or otherwise acquire, invest in, own, mortgage, pledge, sell, assign and transfer or otherwise dispose of, trade, deal in and deal with goods, wares and merchandise and personal property of every class and description.

To make and enter into all contracts necessary and proper for the conduct of the business of the corporation; to purchase the corporate assets of any other corporation and engage in the same character of business; and to take, hold, sell and convey such property as may be necessary in order to obtain or secure payment of any indebtedness or liability to the corporation.

To contract debts and borrow money at such rates of interest

not to exceed the lawful interest rate and upon such terms as the corporation, or its board of directors, may deem necessary or expedient and shall authorize or agree upon, issue and sell bonds, debentures, notes and other evidences of indebtedness, whether secured or unsecured, and execute such mortgages, or other instruments upon or encumbering its property or credit to secure the payment of money borrowed or owing by it, as occasion may require and the board of directors deem expedient.

To acquire, enjoy, utilize, and dispose of patents, copyrights and trade marks and any licenses or other rights or interests thereunder or therein.

To guarantee, endorse, purchase, hold, sell, transfer, mortgage, pledge or otherwise dispose of the shares of the capital stock of, or any bonds, securities or other evidences of indebtedness created by any other corporation of this state or any other state or government; while owner of such stock to exercise all the rights, powers and privileges of ownership, including the right to vote such stock.

To conduct business, have one or more offices in, and buy, hold, mortgage, sell, convey, lease, or otherwise dispose of real and personal property, and buy, hold, mortgage, sell, convey, or otherwise dispose of franchises in this state and in any of the several states, territories, possessions and dependencies of the United States, the District of Columbia, and in foreign countries.

To do all and everything necessary and proper for the accomplishment of the objects enumerated in these Articles of Incorporation or necessary or incidental to the benefit and protection of the corporation, and to carry on any lawful business necessary or incidental to the attainment of the objects of the corporation whether or not such business is similar in nature to the object enumerated in these Articles of Incorporation.

In general, to carry on any other business in connection with the foregoing, and to have and exercise all the powers

conferred by the laws of Florida upon corporations formed under the laws of the State of Florida, and to do any or all of the things hereinbefore set forth to the same extent as natural persons might or could do.

The objects and purposes specified in the foregoing clauses shall, except where otherwise expressed, be in nowise limited or restricted by reference to, or inference from, the terms of any other clause in these Articles of Incorporation, but the objects and purposes specified in each of the foregoing clauses of these Articles shall be regarded as independent objects and purposes.

THIRD: This corporation is authorized to issue one thousand (1,000) shares of One Dollar (\$1.00) par value common stock.

FOURTH: The amount of capital with which the corporation will begin business is One Thousand Dollars (\$1,000).

FIFTH: The corporation shall exist on the date of the execution and acknowledgment of these Articles and shall have a perpetual existence thereafter.

SIXTH: The street address of the principal office and initial registered office of the corporation in Florida is 8751 W. Broward Blvd., Plantation, FL 33324. The name of the initial registered agent of this corporation at that address is C T CORPORATION SYSTEM.

SEVENTH: The number of directors of the corporation shall be three (3).

EIGHTH: The names and street addresses of the members of the first Board of Directors, who shall hold office for the first year of existence of the corporation or until their successors are elected or appointed and have qualified, are:

<u>DIRECTORS</u>	<u>STREET ADDRESSES</u>
Donald S. MacLaughlin	One Park Plaza, Nashville, TN 37203
Thomas F. Frist, Jr.	One Park Plaza, Nashville, TN 37203
R. Clayton McWhorter	One Park Plaza, Nashville, TN 37203

The number of directors may be increased or diminished from time to time, by Bylaws adopted by the stockholders, but shall never

be less than three (3). The stockholders shall have the power at any special or regular meeting, to remove a director at any time without cause by a majority vote and may fill the vacancy thereby created in a like manner.

NINTH: The names and street addresses of each Incorporator or person signing these Articles of Incorporation are as follows:

<u>INCORPORATORS</u>	<u>STREET ADDRESSES</u>
John W. Wade, Jr.	One Park Plaza, Nashville, TN 37203
Ruth B. Foster	One Park Plaza, Nashville, TN 37203

TENTH: In furtherance and not in limitation of the powers conferred by statute, the Board of Directors is expressly authorized:

To adopt or amend Bylaws not inconsistent with any Bylaws that may have been adopted by the stockholders.

To fix the amount to be reserved as working capital over and above its capital stock paid in.

To authorize and cause to be executed mortgages or other instruments upon or encumbering the real and personal property of the corporation.

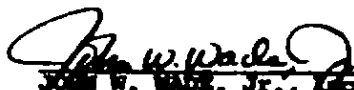
Pursuant to the affirmative vote of the stockholders of record holding stock in the corporation entitling them to exercise at least a majority of the voting power, given at a stockholders' meeting duly called for that purpose or when authorized by the written consent of stockholders of record holding stock in the corporation entitling them to exercise at least a majority of the voting power, the Board of Directors shall have the power and authority at any meeting to sell, lease, or exchange all the property and assets of this corporation, including its goodwill and its corporate franchises, or any property or assets essential to the business of the corporation, upon such terms and conditions as the Board of Directors deem expedient.

ELEVENTH: Both stockholders and directors shall have the power, if the Bylaws so provide, to hold their meetings within or without the State of Florida, and to keep the books of this

corporation (subject to the provisions of the statute), outside of the State of Florida in such places as may be from time to time designated by the Board of Directors.

TWELFTH: These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

WE, THE UNDERSIGNED, being all of the Incorporators hereinbefore named, for the purpose of forming a corporation, do subscribe and acknowledge these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true, and accordingly have hereunto set our hands this 1st day of December, 1982.


JOHN W. WADE, JR., Incorporator


RUTH B. FOSTER, Incorporator

STATE OF TENNESSEE

COUNTY OF DAVIDSON

I HEREBY CERTIFY that on this 1st day of December, 1982, before me, a Notary Public in and for the State and County first named, personally appeared JOHN W. WADE, JR. and RUTH B. FOSTER, well known to me to be the Incorporators of the corporation named in the foregoing, and that they severally acknowledged executing the same freely and voluntarily for the purposes stated therein.

WITNESS my hand and official seal in the County and State
last aforesaid this 1st day of December, 1982.

Carol J. Husley
NOTARY PUBLIC

My Commission Expires: 10/20/85

CORAL GABLES HOSPITAL, INC.
DESIGNATION OF REGISTERED AGENT

FILED
1:32 NOV 22 PM '05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C T Corporation System having been designated to act as registered agent hereby agrees to act in this capacity.

C T CORPORATION SYSTEM

Graydon Dawson
Asst Secy

NO MAY NOTICE OF INTENT TO DISSOLVE

CORPORATION
ANNUAL REPORT
1983



George F. Moore
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RECEIVED BY THIS OFFICE

AND
FILED

Oct 3 9 32 AM 1983

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Report
Filing Fee of \$60 Required — State Checks Payable To: Secretary of State

<p>1. Name and Address of Corporation Principal Office</p> <p>611755 CORAL GABLES HOSPITAL, INC. S CT CORPORATION SYSTEM 8753 N. BROWARD BLVD. PLANTATION, FL 33324</p> <p>If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.</p>	<p>2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient</p> <p>Street Address</p> <p>P.O. Box No.</p> <p>City</p> <p>State</p> <p>Zip Code</p>
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<p>3. Date Incorporated or Qualified To Do Business in Florida</p> <p>12/01/1982</p>	<p>4. Federal Employer Identification Number (FEIN)</p>	<p>5. Date of Last Report</p>
--	---	-------------------------------

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1982			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
James E. Sanchez	B/P	14961 Dallas Hwy., Suite 110	Dallas, Texas 75240
Richard E. Rogsdale	B/W/ S/T		
James S. Vandevender	D		

<p>7. Name and Address of Current Registered Agent</p> <p>S CT CORPORATION SYSTEM 8753 N. BROWARD BLVD. PLANTATION, FL 33324</p>	<p>8. Name and Address of Prior Registered Agent</p> <p>Name</p> <p>Street Address (Do NOT Use P.O. Box Number)</p> <p>City, State and Zip Code</p>
--	---

I, the undersigned, being duly authorized by resolution duly adopted by the board of directors of the corporation, hereby certify that the foregoing is a true and correct statement of the names and addresses of the officers and directors of the corporation as of the date specified above.

Signature of Registered Agent: _____ DATE: _____

Signature of Secretary of State: _____

<p>9. Name and Address of the Corporation to be Reported on</p>	<p>10. Filing Fee</p> <p>\$60</p>
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THIS REPORT MUST BE FILED WITH THE SECRETARY OF STATE ON OR BEFORE THE DATE SPECIFIED ABOVE.

FAILURE TO FILE THIS REPORT AS REQUIRED BY CHAPTER 607 F.S. MAY RESULT IN THE CORPORAION BEING DEEMED TO HAVE FORGOTTEN TO FILE THIS REPORT AND MAY BE SUBJECT TO PENALTIES AS PROVIDED BY LAW.

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

PIR

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1984



FLORIDA DEPARTMENT OF STATE
George F. Poyne
Secretary of State
DIVISION OF CORPORATIONS

FILED
JUN 29 2 06 PM '84
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Filing
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office		2. Best Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.	
611755 CORAL GABLES HOSPITAL, INC. 3 CT CORPORATION SYSTEM 8751 N. BROWARD BLVD. PLANTATION, FL 33324		Street Address c/o Republic Health Corporation P.O. Box No. 14951 Dallas Parkway, Suite 1100 City Dallas State Texas Zip Code 75240	

3. Date Incorporated or Qualified To Do Business in Florida: 12/03/1982	4. Federal Employer Identification Number (FEIN)	5. Date of Report: 10/03/1983
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6. Names and Street Addresses of Each Officer and Director, as of September 30, 1983				
Name of Officer and Director	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	Zip Code
RAGDALE, RICHARD E	S/T	14951 DALLAS PKWY, 01100	DALLAS, TEXAS	0000
VANDEVENDER, JAMES S	D	14951 DALLAS PKWY, 01100	DALLAS, TEXAS	0000
RAGDALE, RICHARD E	D/V	14951 DALLAS PKWY, 01100	DALLAS, TEXAS	0000
BUNCIER, JAMES E	D/P	14951 DALLAS PKWY, 01100	DALLAS, TEXAS	0000

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 8751 N. BROWARD BLVD. PLANTATION, FL 33324		Name Street Address (Do NOT Use P.O. Box Numbers) City, State and Zip Code 016 5414 67077 3c	

9. Pursuant to the provisions of the State Statutes and Chapter 607, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____ DATE _____

Registered Agent Accepting Appointment
 \$1.00 additional fee required for Registered Agent changes.

10. The signatory certifies under penalties as herein set forth of this form that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. and that the signature of the signatory on this Report shall have the same legal effect as if made under oath.

<i>[Signature]</i>	5-31-84
Executive Vice-President	Registration Number (214) 851-3100

11. I have this day filed a copy of this report with the Secretary of State and include an additional \$1.00 with my payment.

NEW JUL 27 1984

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1986



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA 32301

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

4 Name and Address of Corporation, Partnership, or Trust

G11756
CORAL GABLES HOSPITAL, INC.
14951 DALLAS PARKWAY
SUITE 1100
DALLAS, TX 75240

7

5 Date of Incorporation or Partnership
To Do Business in State of

12/01/1982

59-2243206

07/26/1985

6 Names and Addresses of Officers, Directors, or Trustees

BUCHNER, JAMES E.	C/D	14951 DALLAS PARKWAY, SUITE 1100	DALLAS, TX
MILLER, CHARLES R.	P	14951 DALLAS PARKWAY, SUITE 1100	DALLAS, TX
JOHNSON, JAMES H. BRICE, J. SCOTT	V/S/D	14951 DALLAS PARKWAY, SUITE 1100	DALLAS, TX
JUDSON, KEITH-B. S	V/T	14951 DALLAS PARKWAY, SUITE 1100	DALLAS, TX
BROOKS, MICHAEL M.	V	14951 DALLAS PARKWAY, SUITE 1100	DALLAS, TX
MORTEE, JAMES U.	→ P	14951 DALLAS PARKWAY, SUITE 1100	DALLAS, TX

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION, FL 33324

8 Name and Address of New Registered Agent

FL

9 Pursuant to the provisions of Section 607.011, Florida Statutes, I hereby certify that the above information is true and correct to the best of my knowledge and belief. Such change was a result of a corporate action and is not a change of ownership.

I hereby accept the appointment of the above named agent and agree to act as such agent for the corporation.

SIGNATURE

Registered Agent's Signature

Signature and name of Registered Agent changes

10

See signature and name of Registered Agent changes

I Certify That I Am An Officer of the Corporation, the Registered Agent, or the Registered Agent's Agent, and I Agree to Act as Such Officer, Agent, or Registered Agent's Agent for the Corporation. I Further Certify That I Understand My Obligations as Such Officer, Agent, or Registered Agent's Agent. My Office Address Must Be Given in Block A.

Patrick G. Mackey
Patrick G. Mackey
Vice President

6-10-86
214/851-3100

11 Should you desire a certificate of status check the box

CERTIFICATE OF STATUS CHECK

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA 32301

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION
ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
Capital Building
Tallahassee, Florida 32304
CORPORATION DIVISION

STATE OF FLORIDA

Print Name and Address on Other Side Before Mailing Form
Florida Statute 305 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation (Include Office)
 612755
 CORAL GABLES HOSPITAL, INC.
 14051 DALLAS PARKWAY
 SUITE 1100
 DALLAS, TX 75240

7

15303 Dallas Parkway, Suite 1400
 DALLAS, TEXAS 75248-4634

3 Date incorporated or qualified in this state: 12/01/1982
 To Do Business in this state: FLORIDA
 Federal Tax ID Number: 59-2846206
 Date of last annual report filed: 07/02/1986

4 Names and Street Addresses of Officers and Directors

Name of Officer or Director	Title	Street Address	City	State
BUDNER, JAMES E.	CEO	15303 DALLAS PARKWAY #1400	DALLAS	TX
JOHNSON, JAMES H.	V/SEC	15303 DALLAS PARKWAY #1400	DALLAS	TX
Martin, George P.	V/T	15303 DALLAS PARKWAY #1400	DALLAS	TX
Mackey, Patrick G.	V	15303 DALLAS PARKWAY #1400	DALLAS	TX
MORTEE, JAMES W.	P/D	15303 DALLAS PARKWAY #1400	DALLAS	TX

5 Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 8751 W. BROADWAY BLVD.
 PLANTATION, FL 33324

FL

6 Pursuant to the provisions of Sections 877.034 and 877.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, hereby changes its registered office and registered agent in this state as follows:
 Each change was authorized by resolution duly adopted by a majority of directors of the corporation.
 I hereby declare the appointment of registered agent on former and accept the resignation of Section 877.034 F.S.

SIGNATURE (Registered Agent Accepting Appointment)

7 I Certify That I Am An Officer of the Corporation, the Recorder of Titles Empowered to Execute This Report as Required by Chapter 877, F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath (Official Signing Must be Made in Block 8)

Signature: Patrick G. Mackey
 Title: Vice President-Controller
 Date: June 02, 1987
 Telephone Number: 214-851-3100

11 Should you desire a certificate of status check the box
 CERTIFICATE OF STATUS DESIRED

CORPORATION DIVISION

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THESE SPACES

1988-01-01

Make Checks Payable To Secretary of State

1 Name and Address of Corporation Principal Office
011755
CORAL GABLES HOSPITAL, INC.
15303 DALLAS PKWY, #1400
DALLAS, TX 75248

Enter Change of Address of Corporation Principal Office (P.O. Box Number Allowed) NOT SUBMIT

Street Address 21

P.O. Box 22

City and State 23

Zip Code 24

* Above address is required primary and, for the same address, in item 2, include Zip Code

3 Date Incorporated or Qualified To Do Business in Florida **12/01/1982** 4 Federal Employer Identification Number FEIN **59-2243206** 5 Date of Last Report **07/01/1987**

6 Name and Street Address of Each Officer and Director as of December 31, 1987

Name of Officer and Director	Street Address 21	City and State
MARSAL, BRYAN P.	C/D 15303 DALLAS PKWY, #1400	DALLAS, TX
JOHNSON, JAMES H.	V/S/D 15303 DALLAS PKWY, #1400	DALLAS, TX
MARTIN, GEORGE P.	V/T 15303 DALLAS PKWY, #1400	DALLAS, TX
MACKAY, PATRICK G.	V 15303 DALLAS PKWY, #1400	DALLAS, TX
ALVAREZ, ANTONIO C.	P/D 15303 DALLAS PKWY, #1400	DALLAS, TX

7 Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION, FL 33324

8 Name and Address of New Registered Agent

Street Address 1 (Do NOT use P.O. Box Number) 82

Street Address 2 (Do NOT use P.O. Box Number) 83

City and State 84 **FL** Zip Code 81

9 Pursuant to the provisions of Sections 807.004 and 807.007, Florida Statutes, the above-named corporation incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with and accept the contents of Section 807.025 FS.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10 If a foreign corporation, date first transacted business in Florida **02-01-82**

11 See signature instructions under instructions on reverse side of this form.
I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 FS.
It is further Certified That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made by Myself.
(Officer or Director signing must be listed in Book 6)

Patrick G. Mackey
Name of Signing Officer or Director
PATRICK G. MACKAY
Title
VICE PRESIDENT & CFO
Date
02-12-88
Telephone Number
214-851-3100

12 Should you desire a certificate of status check the box
CERTIFICATE OF STATUS DESIRED

CRPE 004 (1-88)

FILE NON ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION
ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

ADDED
50 JUN 20 1989

UNRECORDED

Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State
Name and Address of Corporation Principal Office

ZIP + 4
011755 7
CORAL GABLES HOSPITAL, INC.
15303 DALLAS PKWY, #1400
DALLAS, TX 75248-4685

SEARCHED
SERIALIZED
INDEXED
FILED

3 Date of Report 12/01/1988 4 Report Number 59-2243206 03/07/1988

5 Name and Street Address of each Director, Officer and Shareholder of the Corporation

1	BOGNER, JAMES B.	15303 DALLAS PKWY, #1400	DALLAS, TX
2	P/D VANDENATER, DAVID T.	15303 DALLAS PKWY, #1400	DALLAS, TX
3	JOHNSON, JAMES H.	15303 DALLAS PKWY, #1400	DALLAS, TX
4	V/S JOHNSON, JAMES H.	15303 DALLAS PKWY, #1400	DALLAS, TX
5	TURNER, GEORGE P.	15303 DALLAS PKWY, #1400	DALLAS, TX
6	V/T TURNER, RUSSELL F.	15303 DALLAS PKWY, #1400	DALLAS, TX
7	V HENRY, PATRICK G.	15303 DALLAS PKWY, #1400	DALLAS, TX
8	V/D MACKAY, PATRICK G.	15303 DALLAS PKWY, #1400	DALLAS, TX
9	ALDRIDGE, ARMANDO C.	15303 DALLAS PKWY, #1400	DALLAS, TX
10	D MARSAL, BRYAN P.		

Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
8751 W. RICHARD BLVD.
PLANTATION, FL 33324

I, the undersigned, being a resident of the State of Florida, do hereby certify that the above is a true and correct copy of the annual report of the corporation as required by law.

SECRETARY Registered Agent Accepting Appointment

I, the undersigned, being a resident of the State of Florida, do hereby certify that the above is a true and correct copy of the annual report of the corporation as required by law.

I hereby certify that I am an Officer or Director of the Corporation, the Receiver or Trustee Empaneled to Enforce This Report as Required by Chapter 607, F.S., and I further certify that I understand my Signature On This Report Shall Have the Same Legal Effect as if Made Under Seal (Officer or Director signing must be listed in Block 5)

Donald F. Tomlin
Donald F. Tomlin Vice President & Treasurer (214) 551-3100

Check if you desire a certificate of status desired

Document Number Only

G11755

Susan Eckberg
 Prentice Hall
 Requestor's Name
 100 N. St. Paul, #410
 A three
 Always TDD
 City State Zip Phone

-05/22/90--00019--010
 REGISTERED AGENTS
 REGISTERED AGENT--****20.00
 TOTAL-----*****20.00

CORPORATION(S) NAME

Coral Gables Hospital, Inc.

- | | | |
|--|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Disolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Walk In | | <input type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name
 Availability
 Document
 Expiration
 Date
 Verifier
 Signature
 W.P. Verifier



Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Coral Gables Hospital, Inc.

1a. Date of incorporation December 1, 1982 Document number 611755

2. The name and address of the present registered agent and office:
C I Corporation System
C/O C I Corporation System, 8751 West Broward Blvd, Plantation, FL 33324

3. The name and address of the successor registered agent and office:
(P. O. BOX NOT ACCEPTABLE)
The Prentice-Hall Corporation System, Inc.
110 North Magnolia Street
Tallahassee, Florida 32301

The address of its registered agent and the address of its business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors.

SIGNATURE James H. Johnson
James H. Johnson (President or Vice President)

DATE EXXGESS, 1989 May 10, 1990

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

The Prentice-Hall Corporation
System, Inc.

SIGNATURE BY: Susan M. Eckberg
(Registered Agent)

Susan M. Eckberg, Asst. Secretary

FILED FEE: \$80.00

DATE May 18, 1990

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

PS&AT 1/82

**CORPORATION
ANNUAL REPORT
1990**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

ADDITIONAL
ATTENTION SPACE

NOV 20 1990

1. Name and Address of Corporation Principal Office

G11755 7

ZIP + 4 PRESORT

**CORAL GABLES HOSPITAL, INC.
15303 DALLAS PKWY, #1400
DALLAS, TX 75248-4685**

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 2'

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida **12/01/1982**

4. FEI Number **59-2243208**

FEI Number Applied for
FEI Number Not Applicable

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1	2	3	4	5
Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
1	WANDENATER, DAVID T.	15303 DALLAS PKWY, #1400	DALLAS, TX	
2	BORDI, JOSEPH A.	15303 DALLAS PKWY, #1400	DALLAS, TX	
3	JOHNSON, JAMES H.	15303 DALLAS PKWY, #1400	DALLAS, TX	
4	TONNIES, RUSSELL F.	15303 DALLAS PKWY, #1400	DALLAS, TX	
5	MACKEY, PATRICK G.	15303 DALLAS PKWY, #1400	DALLAS, TX	
6	MARSAL, BRYAN P.	15303 DALLAS PKWY, #1400	DALLAS, TX	

REREGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent

Name 81

7. Name and Address of Current Registered Agent

Street Address 1 (Do NOT Use P.O. Box Numbers) 83

Street Address 2 (Do NOT Use P.O. Box Numbers) 87

City and State 84

Zip Code 85

FL

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent I am familiar with and accept the obligations of Section 607.035, F.S.

SIGNATURE _____

(Registered Agent Accepting Appointment)

DATE _____

10. I 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 effects as if made under oath. I further certify 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, F.S.

Signature
Russell F. Tonnies

Typed Name of Signing Officer or Director

Russell F. Tonnies

Title

Vice President & Treasurer

Date
5/24/90

Telephone Number
(214) 851-3100

11. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

ME-7-11

APPROVED
FL DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation

DOCUMENT #G11755 (7)

ZIP + 4 PRESORT

CORAL GABLES HOSPITAL, INC.
15303 DALLAS PKWY, #1400
DALLAS, TX 75248-4685

2. Address of Block 2 (if different from 1) or, if same, enter the correct address (since P.O. Box is acceptable, the NAME of the corporation can be changed on this filing or amendment)

21 Street Address

22 P.O. Box No.

23 City and State

24 Zip Code

If above address is incorrect in any way, enter the correct address in item 2, include Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

12/01/1982

4. FEI Number

50-2243206

FEI Number Assigned For

55 75

FEI Number For Successor

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction label or check to cover over any name or address)

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT use P.O. Box Numbering)	City and State
V/D	BONDI, JOSEPH A.	15303 DALLAS PKWY, #1400	DALLAS, TX
V/S	JOHNSON, JAMES H.	15303 DALLAS PKWY, #1400	DALLAS, TX
V/T	TOMKIES, RUSSELL F.	15303 DALLAS PKWY, #1400	DALLAS, TX
V/D	BAGLEY, PATRICK G. H. Neil Campbell	15303 DALLAS PKWY, #1400	DALLAS, TX
P/D	BARSAL, BRYAN P.	15303 DALLAS PKWY, #1400	DALLAS, TX
V	CLARK, CRAIG R.	15303 DALLAS PKWY, #1400	DALLAS, TX

7. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE, FLORIDA 32301

FL

9. Pursuant to the provisions of Sections 607.2502 and 607.2508, Florida Statute, the undersigned hereby accept the appointment as registered agent of both in the State of Florida. Such acceptance shall constitute the acceptance of the appointment as registered agent of both in the State of Florida. I hereby accept the appointment as registered agent of both in the State of Florida and accept the duties and liabilities of a registered agent.

SIGNATURE

(Registered Agent Accepting Appointment)

10. I certify that the information indicated on this annual report or supplemental annual report was made under oath (14C.F.R. 101.11); that I am an officer or director of the corporation or the registered agent of the corporation; and that my name appears in Block 6 or on an attached list of officers and directors.

SIGNATURE

Typed Name of Signing Officer or Director

Craig R. Clark

VP/Chief Accounting Officer

214 851-3100

Division 108

SE 75

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

CORPORATION

ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

PAY NO FEE FOR THIS REPORT IF YOU ARE A MEMBER OF THE SECRETARY OF STATE

WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT #G11755 (7)**
CORAL GABLES HOSPITAL, INC.
15303 DALLAS PKWY, #1400
DALLAS TX 75248-4885

2. Has this corporation been organized under the laws of another state or country? If so, state the name of the corporation and the state or country of incorporation.
21. Mailing Address
22. P.O. Box
23. City and State
24. Zip Code

If above address is incorrect, please line through the incorrect information and enter correct address below. **12/01/1982**

25. Date of Last Report: **08/02/1991**
26. FEI Number: **58-2243208**
27. FEI Number Assigned for: **SE**
28. FEI Number for Renewal: **SE**
29. CERTIFICATE OF STATUS DESIRED

3. Names and Street Addresses of Each Officer and Director (Do not use any connector like "or" but list each name and address separately.)

1. Title	2. Name of Officer or Director	3. Street Address of Each Officer and Director (Do not use P.O. Box Number)	4. City and State
V/D	BOND, JOSEPH A.	15303 DALLAS PKWY, #1400	DALLAS, TX
P	MARTIN, JR., CHARLES H.		
V/S	JOHNSON, JAMES H.	15303 DALLAS PKWY, #1400	DALLAS, TX
V/T	TOMKIES, RUSSELL F.	15303 DALLAS PKWY, #1400	DALLAS, TX
V/D	CAMPBELL, H. NEIL	15303 DALLAS PKWY, #1400	DALLAS, TX
V/D	MARSH, BRYAN P.	15303 DALLAS PKWY, #1400	DALLAS, TX
V/D	DENSON, RAYMOND		
V/D	CLARK, CRAIG R.	15303 DALLAS PKWY	DALLAS, TX

4. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE, FLORIDA 32301

5. Payment of Fees: (Check appropriate box) (If "None" is checked, the corporation is not required to pay any fees for this report.)

SIGNATURE: _____

10. _____

11. _____

SIGNATURE: *Russell F. Tomkies* **6/19/92**
Type of Officer: **Craig R. Clark** **Russell F. Tomkies** **VP & CAO** **VP & Treasurer**
214 851-3100

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and attach additional \$5.00 to this report.

GREEN 3191

File Now. Filing Fee after May 1 is \$225.00

**CORPORATION
ANNUAL REPORT
1993**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED

APPROVED
SEC. OF STATE
COMMUNICATIONS DIV.
TALLAHASSEE, FLA.
4120

1. Name and Mailing Address of Corporation **DOCUMENT # G11755 (7)**

**CORAL GABLES HOSPITAL, INC.
15909 DALLAS PKY STE 1400
DALLAS TX 75248-6401**

FILING FEE **\$200.00**
ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address

21 **3401 West End Avenue**

22 **Suite 700**

23 **Nashville, TN**

24 **37202 Davidson**

2a. Principal Place of Business

28 **SAME**

27

29

30

3. Date Report Filed in Florida

12/01/1982

3a. Date Report Filed

07/08/1992

4. Filing Number

592243206

5. Corporation's State of Origin

\$6.75

6. Entity Correcting Filing
Transaction Supplemental Fee

**\$5.00 May Be
Added to Fees**

7. Foreign or Interstate
Filing Supplemental Fee

**\$138.75 Supplemental
Fee Not Required**

8. The corporation is subject to franchise
tax in Florida

10. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

81 Name
82 Street Address
83
84
85
86

FL

11. Pursuant to the provisions of Sections 607.1502 and 607.1504, I, the undersigned, do hereby certify that the information furnished herein is true and correct for the purpose of changing the registered office of a registered agent of record in the State of Florida. I hereby accept the responsibility of registered agent for the corporation and acknowledge the responsibility of the corporation to file the annual report.

SIGNATURE

12. OFFICERS AND DIRECTORS	
12 TITLE	P
12 NAME	MARTIN, CHARLES N. JR.
12 ADDRESS	15909 DALLAS PKY, #1400
12 CITY, ST, ZIP	DALLAS TX
13 TITLE	V/S
13 NAME	JONSON, JAMES H.
13 ADDRESS	15909 DALLAS PKY, #1400
13 CITY, ST, ZIP	DALLAS TX
14 TITLE	V/T
14 NAME	TOWNES, RUSSELL F.
14 ADDRESS	15909 DALLAS PKY, #1400
14 CITY, ST, ZIP	DALLAS TX
15 TITLE	V/D
15 NAME	CAMPBELL, H. NEIL
15 ADDRESS	15909 DALLAS PKY, #1400
15 CITY, ST, ZIP	DALLAS TX
16 TITLE	V/D
16 NAME	DERSON, RAYMOND
16 ADDRESS	15909 DALLAS PKY, #1400
16 CITY, ST, ZIP	DALLAS TX
17 TITLE	V/D
17 NAME	CLARK, CRAIG, R.
17 ADDRESS	15909 DALLAS PKY
17 CITY, ST, ZIP	DALLAS TX

13. REGISTERED AGENT	
13 NAME	SEE ATTACHED
13 ADDRESS	
13 CITY, ST, ZIP	
13 TITLE	
13 NAME	
13 ADDRESS	
13 CITY, ST, ZIP	
13 TITLE	
13 NAME	
13 ADDRESS	
13 CITY, ST, ZIP	
13 TITLE	
13 NAME	
13 ADDRESS	
13 CITY, ST, ZIP	

14. I CERTIFY that the information furnished herein is true and correct for the purpose of changing the registered office of a registered agent of record in the State of Florida. I hereby accept the responsibility of registered agent for the corporation and acknowledge the responsibility of the corporation to file the annual report.

SIGNATURE **Jerry M. Eyles** **3/24/93**

Print Full Name of Signing Officer or Director **Jerry M. Eyles** Title **Corporate Controller**

615) 383-8599

**CORAL GABLES HOSPITAL, INC.
OFFICERS & DIRECTORS**

OFFICERS

<u>NAME/TITLE</u>	<u>ADDRESS</u>
CHARLES N. MARTIN, JR. CHAIRMAN, PRESIDENT AND CEO	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
KEITH B. PITTS EXECUTIVE V.P. AND CFO	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
STEVEN BRANDT SENIOR V.P. - OPERATIONS	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
MARSHALL ALLEN VICE PRESIDENT - OPERATIONS CONTROLLER	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
JAMES H. JOHNSON V.P., GENERAL COUNSEL AND SECRETARY	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
JAMES JOHNSTON V.P. AND CHIEF ADMINISTRATIVE OFFICER	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
RUSSELL F. TONNIES V.P./TREASURER	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
JERRY M. EYLER CORPORATE CONTROLLER	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
DOUGLAS B. LEWIS VICE PRESIDENT ACQUISITIONS	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
MAX LISKIN VICE PRESIDENT FINANCIAL PROJECTS	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
WILLIAM V.B. WEBB VICE PRESIDENT DEVELOPMENT	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203

DIRECTORS

<u>NAME/TITLE</u>	<u>ADDRESS</u>
KEITH B. PITTS EXECUTIVE V.P. AND CFO	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
STEVEN BRANDT SENIOR V.P. - OPERATIONS	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
MARSHALL ALLEN VICE PRESIDENT - OPERATIONS CONTROLLER	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203

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

**APPROVED
AND
FILED**



**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

94 JUN 20 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
CORAL GABLES HOSPITAL, INC.

DOCUMENT #
G11755 (7)

Mailing Address: **3401 W. END AVE. SUITE 700 NASHVILLE TN 37202**

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

3. Date Reported or Due: **12/31/1992**

4. Date of Last Report: **03/30 1993**

5. FE Number: **50-2243206**

6. Certificate of Status Defined: **50-2243206**

7. Number of Existing Fees: **\$5.00** May Be Added to Fees

8. The corporation has liability for franchise tax under S. 209.02, Florida Statutes: Yes No

2. Mailing Address: **3401 W. END AVE. SUITE 700 NASHVILLE TN 37202**

2a. Principal Place of Business: **3401 W. END AVE. SUITE 700 NASHVILLE TN 37202**

22. State, April 1, 94: **TN**

27. State, April 1, 93: **TN**

23. City & State: **NASHVILLE TN**

24. Zip: **37202**

29. County: **DAVIESS**

9. Name and Address of Current Registered Agent:
**THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent:
01. Name: **THE PRENTICE HALL CORPORATION SYSTEM, INC.**
02. Street Address (P.O. Box Number is Not Acceptable): **1201 HAYES STREET**
03. **SUITE 105**
04. City: **TALLAHASSEE FL 32301**

11. Pursuant to the provisions of Sections 607.042 and 607.1505 or Sections 617.0402 and 617.1506, Florida Statutes, the above-named corporation certifies the statements for filing in respect 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 607.1505 or 617.1506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS ONLY	
11. TITLE	12. NAME	11. TITLE	13. NAME
12. STREET ADDRESS	13. STREET ADDRESS	14. CITY & STATE	15. CITY & STATE
14. CITY & STATE	15. CITY & STATE	16. TITLE	17. NAME
17. NAME	18. NAME	18. NAME	19. NAME
19. STREET ADDRESS	20. STREET ADDRESS	19. STREET ADDRESS	20. STREET ADDRESS
21. CITY & STATE	21. CITY & STATE	21. CITY & STATE	21. CITY & STATE
22. NAME	22. NAME	22. NAME	22. NAME
23. STREET ADDRESS	23. STREET ADDRESS	23. STREET ADDRESS	23. STREET ADDRESS
24. CITY & STATE	24. CITY & STATE	24. CITY & STATE	24. CITY & STATE
25. TITLE	25. TITLE	25. TITLE	25. TITLE
26. NAME	26. NAME	26. NAME	26. NAME
27. STREET ADDRESS	27. STREET ADDRESS	27. STREET ADDRESS	27. STREET ADDRESS
28. CITY & STATE	28. CITY & STATE	28. CITY & STATE	28. CITY & STATE
29. TITLE	29. TITLE	29. TITLE	29. TITLE
30. NAME	30. NAME	30. NAME	30. NAME
31. STREET ADDRESS	31. STREET ADDRESS	31. STREET ADDRESS	31. STREET ADDRESS
32. CITY & STATE	32. CITY & STATE	32. CITY & STATE	32. CITY & STATE

14. I do hereby certify that the information supplied with this filing is a true and correct copy of the information furnished and does not qualify for the exemption stated in Section 190.03(3), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 190.03(3) in the event that the information furnished is deemed exempt from public access. Further, I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature has the same legal effect as if made under oath. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, and I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Book 12 or Book 13 of records of the Division of Corporations with an address:

SIGNATURE: Phillip Roe Phillip Roe 5-2-94 605-783-1231

41755

OFFICERS & DIRECTORS

OFFICERS

<u>NAME/TITLE</u>	<u>ADDRESS</u>
BRYAN BURKLOW CHARMAN AND CEO	17300 N.W. 7TH AVENUE, SUITE 204 MIAMI, FLORIDA 33169
NICK BIANCO PRESIDENT AND COO	3100 DOUGLAS ROAD, P.O. BOX 610 CORAL GABLES, FLORIDA 33134
CAROLA SANZ EXECUTIVE V.P. AND CFO	3100 DOUGLAS ROAD, P.O. BOX 610 CORAL GABLES, FLORIDA 33134
JONATHON A. BROWN SECRETARY	3100 DOUGLAS ROAD, P.O. BOX 610 CORAL GABLES, FLORIDA 33134
RONALD P. SOLTMAN V.P. AND ASST. SECRETARY	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
RUSSELL F. TONNIES V.P./TREASURER	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
RULON BRISCOE ASST. VICE PRESIDENT - TAX	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
PHILIP ROE ASST. V.P. AND CORPORATE CONTROLLER	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
CHRIS DAGGETT ASST. VICE PRESIDENT - REIMBURSEMENT	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
JAMES H. JOHNSON ASSISTANT SECRETARY	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
KAREN H. ABBOTT ASSISTANT SECRETARY	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203

DIRECTORS

<u>NAME/TITLE</u>	<u>ADDRESS</u>
DONALD J. AMARAL	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
KEITH B. PITTS	3401 WEST END AVENUE, SUITE 700 NASHVILLE, TENNESSEE 37203
BRYAN BURKLOW	17300 N.W. 7TH AVENUE, SUITE 204 MIAMI, FLORIDA 33169

Document Number Only

G11755

C Y CORPORATION SERVICE

Register's Name

1311 Executive Center Dr., Ste. 200

Address

Tallahassee, FL 32301 904-636-8290

City

State

Zip

Phone

CORPORATION(S) NAME

700001921487

711.00.0000.000000
*****0000 *****0000

Carol Gabler Hospital, Inc

FILED
1994 NOV - 1 PM 12:18
SECRETARY OF REVENUE
TALLAHASSEE, FLORIDA

Profit
 NonProfit

Awarded

Other

Foreign

Dissolved/Withdrawn

Bank

Limited Partnership
 Reinstatement

Annual Report
 Reservation

Other
 Change of P.A.
 Not a New Name
 OUS

Certified Copy

Photo Copies

OUS

Call When Ready
 Pick Up
 Mail Out

Call if Problem
 Will Wait

After 4:30
 Pick Up

NAME	
Address	
City/State/Zip	
Signature	<i>Valley</i>
Phone	
Business Hours	11/1
F.P. Number	11/1

3:00

11-1-74

(PLEASE CALL IF YOU HAVE ANY CHANGES)

Return EXTRA Copy(s) Filed &

CR2531 (1-80)

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: CORAL GABLES HOSPITAL, INC.

1b. Date of incorporation December 1, 1982 Document number G11755

2. The name and address of the current registered agent and office:

The Prentice-Hall Corporation System, Inc.

1201 Hays St., Suite 105, Tallahassee, FL 32301

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable.)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

FILED
1984 NOV - 1 PM 12:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Karen E. Abbott
SIGNATURE
10.13.84
DATE

Karen E. Abbott, Assistant Secretary
Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

C T CORPORATION SYSTEM
SIGNATURE BY: [Signature]
(Registered Agent) Jennifer F. Puffrey
DATE October 27, 1984 ASST. Secy.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

90 MAY -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G11755** (7)

1. Corporation Name

CORAL GABLES HOSPITAL, INC.

Previous Place of Business

301 W. END AVE.
SUITE 700
NASHVILLE TN 37202

Address

301 W. END AVE.
SUITE 700
NASHVILLE TN 37202

1. Date of Incorporation
12/01/1982

2. Date of Last Annual Report
06/20/1994

3. FE Number
50-2243206

4. Amount of Franchise Fee Required
\$8.75

5. Amount of State Franchise Fee
\$5.00

6. Total amount of Franchise Fee
\$13.75

2. Previous Place of Address

2a. Mailed Report

21. State Address
22. City & State
23. Zip

8. 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

11. Payment to the Treasurer of the State of Florida for the Franchise Fee and State Franchise Fee

FL

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	BURLOW, BRYAN
STREET ADDRESS	1700 N.W. 7TH AVE., SUITE 204
CITY/STATE	MADISON FL 32108
TITLE	VP
NAME	JOHNSON, JAMES H.
STREET ADDRESS	3001 WEST END AVENUE, STE. 700
CITY/STATE	NASHVILLE TN
TITLE	VP
NAME	TOMMIES, RUSSELL F.
STREET ADDRESS	3001 WEST END AVENUE, STE. 700
CITY/STATE	NASHVILLE TN
TITLE	PCOO
NAME	EMICO, NICK
STREET ADDRESS	3100 DOUGLAS RD.
CITY/STATE	CORAL GABLES FL 33134
TITLE	VPFO
NAME	SAVZ, CAROLA
STREET ADDRESS	3100 DOUGLAS RD.
CITY/STATE	CORAL GABLES FL 33134
TITLE	VPFC
NAME	JOHNSON, JAMES H.
STREET ADDRESS	3001 WEST END AVENUE, STE. 700
CITY/STATE	NASHVILLE TN

13. SIGNATURE

VPIS
Ronald P. Saltman
3701 West End Ave. Ste. 700
Nashville, TN 37203

AS
Karen H. Abbott
3001 West End Ave. Ste. 700
Nashville, TN 37203

SIGNATURE:

Karen H. Abbott Karen H. Abbott 46095 65-383-8599