

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

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**Mar 04 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 # P96000048909 (1)**

**1. Corporation Name  
COLUMBIA BEHAVIORAL HEALTHCARE OF SOUTH FLORIDA, INC.**



**Principal Place of Business Mailing Address  
ONE PARK PLAZA ONE PARK PLAZA  
NASHVILLE TN 37203 NASHVILLE TN 37203**

**3. Date Incorporated or Qualified 06/07/1996  
3a. Date of Last Report**

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

**P.O. Box 750  
Nashville, TN  
37202 USA**

**4. FEI Number 62-1647151  
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  
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent  
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** (NOTE: Registered Agent signature required when reinstating) **DATE**

**12. OFFICERS AND DIRECTORS**

TITLE	D/SVP/AS	<input type="checkbox"/> DELETE
NAME	BRAUN, STEPHEN T	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D/SVP/AT	<input type="checkbox"/> DELETE
NAME	DONAHEY, KENNETH C	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D/SVP	<input type="checkbox"/> DELETE
NAME	ELTON, ROSALYN S	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John M. Frank II
4.3 STREET ADDRESS	One Park Plaza
4.4 CITY-ST-ZIP	Nashville, TN 37203
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:** *John M. Frank II* **2/17/97** **615/344-5881**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/96)

May 1, 1996

**OFFICERS AND DIRECTORS  
OF  
COLUMBIA BEHAVIORAL HEALTHCARE OF SOUTH FLORIDA, INC.**

Jim Fleetwood	President	7975 NW 154th St., #400A Miami Lakes, FL 33016
*Stephen T. Braun	Senior Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
*Kenneth C. Donahey	Senior Vice President and Assistant Treasurer	One Park Plaza Nashville, TN 37203
*Rosalyn S. Elton	Vice President	One Park Plaza Nashville, TN 37203
Chuck Hall	Senior Vice President	7975 NW 154th St., #400A Miami Lakes, FL 33016
Joseph D. Moore	Senior Vice President	One Park Plaza Nashville, TN 37203
Richard A. Schweinhart	Senior Vice President	One Park Plaza Nashville, TN 37203
David G. Anderson	Vice President and Treasurer	One Park Plaza Nashville, TN 37203
David T. Bradford	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Bettye D. Daugherty	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
James D. Hinton	Vice President	One Park Plaza Nashville, TN 37203
Jay Jarrell	Vice President	7975 NW 154th St., #400A Miami Lakes, FL 33016
R. Milton Johnson	Vice President	One Park Plaza Nashville, TN 37203
David J. Malone, Jr.	Vice President	One Park Plaza Nashville, TN 37203
Rachel A. Seifert	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Jeff Crudele	Vice President	7975 NW 154th St., #400A Miami Lakes, FL 33016
John M. Franck	Secretary	One Park Plaza Nashville, TN 37203

\*Directors  
(Florida)