

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 # P96000048909

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

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

Mailing Address
**PO BOX 750
NASHVILLE TN 37202
US**

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

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 the filer, if applicable.

(NOTE: Registered Agent signature is required when filing.)

(DATE)

12. OFFICERS AND DIRECTORS		
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BLACKWOOD, DORA A	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DVAT	<input checked="" type="checkbox"/> DELETE
NAME	DONAHEY, KENNETH C	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	ELTON, ROSALYN S.	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DVSP	<input type="checkbox"/> DELETE
NAME	FRANCK II, JOHN M.	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	X	<input type="checkbox"/> DELETE
NAME	JOHNSON, R M	
STREET ADDRESS	ONE PARK PL	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	A. Bruce Moore	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	David L. Benson	
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Ronald Lee Grubbs	
63 STREET ADDRESS	One Park Plaza Nashville TN 37203	
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)(b) 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: _____
SIGNATURE IS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

93 MAR 10 11:20



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/07/1996

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 owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

0620095

CR2E034 (11/98)

February 1, 1999

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

Jay Grinney	President	One Park Plaza Nashville, TN 37203
Chuck Hall	Senior Vice President	301 E. Las Olas Blvd., 4 th Fl. Ft. Lauderdale, FL 33301
Victor L. Campbell	Senior Vice President	One Park Plaza Nashville, TN 37203
Robert Waterman	Senior Vice President	One Park Plaza Nashville, TN 37203
David G. Anderson	Vice President and Treasurer	One Park Plaza Nashville, TN 37203
Bill Rutherford	Vice President	One Park Plaza Nashville, TN 37203
Rosalyn S. Elton	Vice President	One Park Plaza Nashville, TN 37203
*A. Bruce Moore	Vice President	One Park Plaza Nashville, TN 37203
V. Carl George	Vice President	One Park Plaza Nashville, TN 37203
* R. Milton Johnson	Vice President	One Park Plaza Nashville, TN 37203
*John M. Franck II	Vice President and Secretary	One Park Plaza Nashville, TN 37203
Jay Picerno	Vice President	301 E. Las Olas Blvd., 4 th Fl. Ft. Lauderdale, FL 33301
James D. Hinton	Vice President	One Park Plaza Nashville, TN 37203
Howard K. Patterson	Vice President	One Park Plaza Nashville, TN 37203
Lyle Reid	Vice President	One Park Plaza Nashville, TN 37203
Ronald Lee Grubbs	Vice President	One Park Plaza Nashville, TN 37203
Steven E. Clifton	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
Tom C. Gormley	Vice President	One Park Plaza Nashville, TN 37203

Mike T. Bray

Vice President

One Park Plaza³
Nashville, TN 37203

Dora A. Blackwood

Assistant Secretary

One Park Plaza
Nashville, TN 37203

David L. Denson

Assistant Secretary

One Park Plaza
Nashville, TN 37203

Dianne Johnson

Assistant Secretary

One Park Plaza
Nashville, TN 37203

***Directors**

(Florida)

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, and Assistant Administrator of facilities owned and/or operated by this Corporation, are authorized by the Board of Directors of this Corporation to negotiate and enter into contracts and agreements necessary in the conduct of the day-to-day business of such facility, including, but not limited to, physician contracts, leases, purchase agreements, cost reports, etc., which with the advice of legal counsel, shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolution required in connection with such contracts and agreements.