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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Wanda B. McWhorter
Secretary of State
Tallahassee, Florida 32304

DOCUMENT # **V12100** (6)

COLUMBIA HOSPITAL CORPORATION OF NORTH MIAMI BEACH

2. Principal Office of the Registrant
201 W MAIN STREET
SUITE 2100
LOUISVILLE KY 40202
US

2a. Mailed Address
POB 740035
ATTN: TAX DEPT
LOUISVILLE KY 60201-7435
US

21. ONE PARK PLAZA
26. PO BOX 570

22. NASHVILLE TN
27. ATTN TAX DEPT.

23. NASHVILLE TN
28. NASHVILLE TN

24. 37203
25. 25
29. 37202
30. 30

3. Date of Incorporation in Jurisdiction: 02/06/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 75-2414110
5. Certificate of Status: Issued
6. Has the Corporation Campaign Contribution Fund Contribution:
7. The Corporation has failed to file reports for under 5 SECID's: Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81. Name
82. Street Address, P.O. Box Number or Not Applicable
83.
84. City
85. Zip Code: FL

11. I, the undersigned, the president, secretary, treasurer or other officer of the corporation, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief.

12. OFFICERS AND DIRECTORS

NAME	PCEO SCOTT, RICHARD L 201 W MAIN STREET LOUISVILLE KY
NAME	CEP VANDEWATER, DAVID T 201 W MAIN STREET LOUISVILLE KY
NAME	VPGC BRAUN, STEPHEN T 201 W MAIN STREET LOUISVILLE KY
NAME	VPFO COLBY, DAVID C 201 W MAIN STREET LOUISVILLE KY
NAME	VPF GRECO, SAMUEL A 201 W MAIN STREET LOUISVILLE KY
NAME	VAS GRECO, SAMUEL A 777 MAIN ST., STE. 2100 FORT WORTH TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	DEVP RICHARD A. SCHWEINHART ONE PARK PLAZA NASHVILLE TN 37203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA NASHVILLE TN 37203	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA NASHVILLE TN 37203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA NASHVILLE TN 37203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and checked and signed by the corporation's officers and directors in accordance with the Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief.

SIGNATURE: *Richard A. Schweinhart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

615-320-2151