

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V12100**
1. Corporation Name
Columbia Hospital Corporation of North Miami Beach



000001844500
-05/30/96--01054--025
***200.00

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **2-6-1992** 3a. Date of Last Report **5-1-95**

21	2. Principal Place of Business One Park Plaza	2a. Mailing Address P.O. Box 570	4. FEI Number 75-2414110	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc. 	Suite, Apt. #, etc. Attn: Tax Dept.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Nashville, TN	City & State Nashville, TN	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 37203	Country US	29	Zip 37203
25	Country US	30	Country US	

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 The Prentice-Hall Corporation System
82	Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
83	City Tallahassee
84	State FL
85	Zip Code 32301

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 **Kelly A. Howley, Asst. Sec.** **4-2-96**
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P David Vandewater
1.3 STREET ADDRESS	One Park Plaza
1.4 CITY - ST - ZIP	Nashville, TN 37203
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V/D Stephen T. Braun
2.3 STREET ADDRESS	One Park Plaza
2.4 CITY - ST - ZIP	Nashville, TN 37203
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V/D David C. Colby
3.3 STREET ADDRESS	One Park Plaza
3.4 CITY - ST - ZIP	Nashville, TN 37203
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V/D Richard A. Schweinhart
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	V R. Milton Johnson
5.3 STREET ADDRESS	One Park Plaza
5.4 CITY - ST - ZIP	Nashville, TN 37203
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S John M. Franck
6.3 STREET ADDRESS	One Park Plaza
6.4 CITY - ST - ZIP	Nashville, TN 37203

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 *2 or Block *3 if changed, or on an attachment with an address.

SIGNATURE **John M. Franck** **4-2-96 (115) 327-9511**