

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

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**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V12100 (6)
1. Corporation Name
COLUMBIA HOSPITAL CORPORATION OF NORTH MIAMI BEACH



Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203 US	Mailing Address P.O. BOX 570 ATTN: TAX DEPT NASHVILLE TN 37202-0570 US
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3. Date Incorporated or Qualified 02/06/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 75-2414110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 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 85. Zip Code FL
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11. Pursuant to the provisions of Sections 607.0507 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V/D	NAME SCHWEINHART, RICHARD A.	1.1 TITLE <input type="checkbox"/> DELETE	1.2 NAME Elton, Rosalyn
STREET ADDRESS ONE PARK PLAZA	CITY - ST - ZIP NASHVILLE TN 37203	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
TITLE P	NAME VANDEWATER, DAVID T	2.1 TITLE <input type="checkbox"/> DELETE	2.2 NAME
STREET ADDRESS ONE PARK PLAZA	CITY - ST - ZIP NASHVILLE TN 37203	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE V/D	NAME BRAUN, STEPHEN T	3.1 TITLE <input type="checkbox"/> DELETE	3.2 NAME
STREET ADDRESS ONE PARK PLAZA	CITY - ST - ZIP NASHVILLE TN 37203	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE VTD	NAME COLBY, DAVID C.	4.1 TITLE <input type="checkbox"/> DELETE	4.2 NAME Donahay, Kenneth
STREET ADDRESS ONE PARK PLAZA	CITY - ST - ZIP NASHVILLE TN 37203	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE V	NAME JOHNSON, MILTON R.	5.1 TITLE <input type="checkbox"/> DELETE	5.2 NAME
STREET ADDRESS ONE PARK PLAZA	CITY - ST - ZIP NASHVILLE TN 37203	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
TITLE S	NAME FRANCK, JOHN M.	6.1 TITLE <input type="checkbox"/> DELETE	6.2 NAME
STREET ADDRESS ONE PARK PLAZA	CITY - ST - ZIP NASHVILLE TN 37203	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: _____ DATE: **4/8/97**

CR2E034 (9/96)