

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90319 050 ***150.00

0612219 AV

DOCUMENT # V12100

1. Entity Name
COLUMBIA HOSPITAL CORPORATION OF NORTH MIAMI BEACH



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

Mailing Address
**P.O BOX 750
NASHVILLE TN 37202
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **75-2414110** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
FORT LAUDERDALE FL 33324**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE AS <input type="checkbox"/> Delete NAME DENSON, DAVID L STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP NASHVILLE TN 37203		TITLE VPAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE AS <input type="checkbox"/> Delete NAME BLACKWOOD, DORA A STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP NASHVILLE TN 37203		TITLE VPAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DP <input type="checkbox"/> Delete NAME MOORE, A. B. STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP NASHVILLE TN		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME A. BRUCE MOORE, JR. STREET ADDRESS CITY-ST-ZIP	
TITLE DVP <input type="checkbox"/> Delete NAME JOHNSON, MILTON R. STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP NASHVILLE TN 37203		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME R. MILTON JOHNSON STREET ADDRESS CITY-ST-ZIP	
TITLE DVPS <input type="checkbox"/> Delete NAME FRANK, JOHN M. STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP NASHVILLE TN 37203		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME JOHN M. FRANK II STREET ADDRESS CITY-ST-ZIP	
TITLE VP <input type="checkbox"/> Delete NAME GRUBBS, RONALD L STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP NASHVILLE TN 37203		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP ** SEE ATTACHED LIST	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** Date **4-22-03** Daytime Phone # **615/344-2162**

Signature and typed or printed name of signing officer or director

CR2E034 (10/02)

Attachment
90114251
V12100

December 17, 2002

OFFICERS AND DIRECTORS
OF
COLUMBIA HOSPITAL CORPORATION OF NORTH MIAMI BEACH

* A. Bruce Moore, Jr.	President	One Park Plaza Nashville, TN 37203
Robert A. Waterman	Senior Vice President	One Park Plaza Nashville, TN 37203
David G. Anderson	Vice President and Treasurer	One Park Plaza Nashville, TN 37203
Dora A. Blackwood	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Mike T. Bray	Vice President	One Park Plaza Nashville, TN 37203
Steven E. Clifton	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
David L. Denson	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
* John M. Franck II	Vice President and Secretary	One Park Plaza Nashville, TN 37203
V. Carl George	Vice President	One Park Plaza Nashville, TN 37203
Tom C. Gormley	Vice President	One Park Plaza Nashville, TN 37203
Ronald Lee Grubbs Jr.	Vice President	One Park Plaza Nashville, TN 37203
* R. Milton Johnson	Vice President	One Park Plaza Nashville, TN 37203
Dwight E. Long	Vice President	One Park Plaza Nashville, TN 37203
Howard K. Patterson	Vice President	One Park Plaza Nashville, TN 37203
Cathryn Long Sowers	Vice President	One Park Plaza Nashville, TN 37203
Christopher Gentile	Assistant Secretary	One Park Plaza Nashville, TN 37203
Joseph Stephen Haase	Assistant Secretary	One Park Plaza Nashville, TN 37203
Dianne Johnson	Assistant Secretary	One Park Plaza Nashville, TN 37203

Attachment 910114251
V12100

Lisa Marie Meister

Assistant Secretary

One Park Plaza
Nashville, TN 37203

Robert Jerome Nevens

Assistant Secretary

One Park Plaza
Nashville, TN 37203

Kenneth Kurt Roth

Assistant Secretary

One Park Plaza
Nashville, TN 37203

***Directors**
(Florida)

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Administrator and Assistant Administrator of facilities owned and/or operated by this Corporation, are hereby authorized to, subject to the Corporation's policies and procedures, (a) manage the facilities and all employees and agents of the Corporation at such facilities, and take such other acts as are necessary or appropriate for the proper functioning of the facilities, and (b) negotiate and enter into contracts and agreements necessary to the conduct of the day-to-day business of such facility, including, but not limited to, physician contracts, personal property leases, purchase agreements, cost reports, and similar documents (but specifically excluding any contracts or leases relating to real estate, except for leases to tenants in buildings owned by or leased to the Corporation entered into pursuant to the Corporation's policies and procedures), 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.