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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

DOCUMENT # **V69317** (8)
1. Corporation Name
HAMILTON MEMORIAL HOSPITAL, INC.



Principal Place of Business: **ONE PARK PLAZA NASHVILLE TN 37209 US**
Mailing Address: **P.O. BOX 570 -ATTN: TAX DEPT NASHVILLE TN 37202-0570 US**

3. Date Incorporated or Qualified: **10/07/1992**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **61-1227423**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. PO Box 750
27. Suite, Apt. #, etc.
28. Nashville TN
29. Zip 37202
30. Country USA

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

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 _____ DATE _____
(Type name, title of principal or name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MOEN, DANIEL J	
STREET ADDRESS	7975 NW 154TH	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	DSVT	<input type="checkbox"/> DELETE
NAME	COLBY, DAVID C	
STREET ADDRESS	ONE PARK PLAA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BRAUN, STEPHEN T	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	SCHWEINHART, RICHARD A	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FRANCK, JOHN M	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VR	<input type="checkbox"/> DELETE
NAME	JOHNSON, R. M	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Fleetwood, Jim	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Donahay, Kenneth	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Elton, Rosalyn	
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *[Signature]* DATE: **4/10/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)