

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 01 1998 8:00am
Secretary of State

DOCUMENT # 568721 (5)
1. Corporation Name
OKEECHOBEE HOSPITAL, INC.



Principal Place of Business
ONE PARK PLAZA
NASHVILLE TN 37203
US

Mailing Address
PO BOX 750
ATTN: TAX DEPT.
NASHVILLE TN 37202
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/17/1978	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1833934	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 FL		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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	FLEETWOOD, JIM		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	7975 NW 154TH ST., SUIT 400A		1.2 NAME		
CITY-ST-ZIP	MIAMI LAKES FL		1.3 STREET ADDRESS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
NAME	BRAUN, STEPHEN-T.		2.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	ONE PARK PLAZA		2.2 NAME	Blackwood, Dora A.	
CITY-ST-ZIP	NASHVILLE TN		2.3 STREET ADDRESS		
TITLE	VD	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
NAME	DONAHEY, KENNETH		3.1 TITLE	DSVAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	ONE PARK PLAZA		3.2 NAME		
CITY-ST-ZIP	NASHVILLE TN		3.3 STREET ADDRESS		
TITLE	VD	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME	ELTON, ROSALYN		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	ONE PARK PLAZA		4.2 NAME		
CITY-ST-ZIP	NASHVILLE TN		4.3 STREET ADDRESS		
TITLE	V	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME	R. MILTON JOHNSON		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	ONE PARK PLAZA		5.2 NAME		
CITY-ST-ZIP	NASHVILLE TN		5.3 STREET ADDRESS		
TITLE	S	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME	JOHN M FRANCK		6.1 TITLE	DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	ONE PARK PLAZA		6.2 NAME		
CITY-ST-ZIP	NASHVILLE TN		6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

14. 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 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]*

4-23-98

CR2E034 (10/97)