
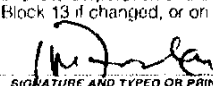


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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 # 337316 (4)					
1. Corporation Name CHARLOTTE COMMUNITY HOSPITAL, INC.					
Principal Place of Business ONE PARK PLAZA 777 MAIN STREET, SUITE 2100 NASHVILLE TN 37203 US			Mailing Address ATTN: TAX DEPT P.O. BOX 570 NASHVILLE TN 37202-0570 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 PO Box 750		11/04/1968	
22 City & State		27 Nashville TN		3a. Date of Last Report 05/01/1996	
23 Zip		28 37202		4. FEI Number 59-1276735	
24 Country		29 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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	NAME	STREET ADDRESS	CITY - ST - ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	P VANDEWATER, DAVID T.	ON EPARK PLAZA	NASHVILLE TN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	SVSD BRAUN, STEPHEN	ONE PARK PLAZA	NASHVILLE TN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	SVTD COLBY, DAVID	ONE PARK PLAZA	NASHVILLE TN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	SV MOORE, JOSEPH	ONE PARK PLAZA	NASHVILLE TN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	SVS SCHWEINHART, RICHARD	ONE PARK PLAZA	NASHVILLE TN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	V ANDERSON, DAVID G.	ONE PARK PLAZA	NASHVILLE TN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 4/20/97					

CR2E034 (9/96)