

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
Feb 07 1997 8:00 am
Secretary of State

DOCUMENT # 373650 (1)
1. Corporation Name
PALM BEACH GARDENS COMMUNITY HOSPITAL, INC.



Principal Place of Business
**3360 BURNS RD
PALM BEACH GARDENS FL 33410
US**

Mailing Address
**3360 BURNS RD
PALM BEACH GARDENS FL 33410-4323
US**

3. Date Incorporated or Qualified **12/04/1970** 3a. Date of Last Report **06/22/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 c/o Mary H. Yumibe	59-1223933	Not Applicable
22 City & State	27 3820 State Street	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Los Angeles, CA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 93105	30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, W. RANDOLPH	1.2 NAME	
STREET ADDRESS	5757 N DIXIE	1.3 STREET ADDRESS	14001 Dallas Parkway
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	Dallas, TX 75240
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOCHT, MICHAEL SR	2.2 NAME	300002081553-1
STREET ADDRESS	3920 STATE ST	2.3 STREET ADDRESS	-02/07797--01077--021
CITY-ST-ZIP	SANTA BARBARA CA 93105	2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIGMAN, DON	3.2 NAME	
STREET ADDRESS	5757 NORTH DIXIE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDUL, EDWARD W, JR	4.2 NAME	
STREET ADDRESS	14001 DALLAS PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75240	4.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SCOTT M	5.2 NAME	
STREET ADDRESS	3820 STATE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA FL 93105	5.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FETTER, TREVOR	6.2 NAME	
STREET ADDRESS	3820 STATE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA FL 93105	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: *Scott M. Brown* **Scott M. Brown, Secretary** 1/31/97 805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)