

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 373650

1. Corporation Name
PALM BEACH GARDENS COMMUNITY HOSPITAL, INC.

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

Mailing Address
**C/O MARY H. YUMIBE
3820 STATE STREET
LOS ANGELES CA 93106**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Numbers 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. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and box #, if applicable

(NOTE: Registered Agent's signature required when appointing)

(OR)

12. OFFICERS AND DIRECTORS

TITLE	AS	[X] SELF
NAME	LUNDGREN, ALAN	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	P	[X] DELETE
NAME	FOCHT, MICHAEL SR	
STREET ADDRESS	3920 STATE ST	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	VP	[] DELETE
NAME	STEIGMAN, DON	
STREET ADDRESS	5757 NORTH DIXIE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	AT	[] DELETE
NAME	ABDUL, EDWARD W, JR	
STREET ADDRESS	14001 DALLAS PKWY	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	VSD	[X] DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	3820 STATE ST	
CITY-ST-ZIP	SANTA BARBARA FL 93105	
TITLE	EVP	[] SELF
NAME	FETTER, TREVOR	
STREET ADDRESS	3820 STATE ST	
CITY-ST-ZIP	SANTA BARBARA FL 93105	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	AS	[] Change [X] Addition
12 NAME	Caitlin M. Larsen	
13 STREET ADDRESS	3820 State Street	
14 CITY-ST-ZIP	Santa Barbara, CA 93105	
15 TITLE	P	[] Change [X] Addition
16 NAME	D. Clinton Matthews	
17 STREET ADDRESS	3360 Burns Road	
18 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
19 TITLE		[] Change [] Addition
20 NAME		
21 STREET ADDRESS		
22 CITY-ST-ZIP		
23 TITLE		[] Change [] Addition
24 NAME	DVS	[] Change [X] Addition
25 STREET ADDRESS	Richard B. Silver	
26 CITY-ST-ZIP	3820 State Street	
27 TITLE		[] Change [] Addition
28 NAME		
29 STREET ADDRESS		
30 CITY-ST-ZIP	Santa Barbara, CA 93105	



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **12/04/1970**
- 4. FEI Number: **59-1223933** Applied For Not Applicable
- 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 owes the current year Intangible Personal Property Tax: [] Yes [X] No
- 10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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, with all other like empowered.

SIGNATURE: *Caitlin M. Larsen* Caitlin M. Larsen, Asst. Sec. 4/9/99 805/563-7085

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CR2E034 (1/1/98)

Signature