

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 415275 (7)
1. Corporation Name
COMMUNITY HOSPITAL OF THE PALM BEACHES, INC



Principal Place of Business Mailing Address
ONE PARK PLAZA P.O. BOX 570
NASHVILLE TN 37203 ATTN: TAX DEPT
US NASHVILLE 1F 37202
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/27/1972	05/01/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-1560065	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MOEN, DANEIL <input type="checkbox"/> DELETE	1.1 TITLE	Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	1.2 NAME	Same
STREET ADDRESS	NASHVILLE TN	1.3 STREET ADDRESS	7975 NW 154th Street, # 400A
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami Lakes, FL 33016
TITLE	DSVP SCHWEINHART, RICHARD <input type="checkbox"/> DELETE	2.1 TITLE	Richard Schweinhart <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	2.2 NAME	
STREET ADDRESS	NASHVILLE TN	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPGC BRAUN, STEPHEN T <input type="checkbox"/> DELETE	3.1 TITLE	B/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE DAY PLAZA	3.2 NAME	Same
STREET ADDRESS	NASHVILLE TN	3.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Same
TITLE	VPFO COLBY, DAVID C. <input type="checkbox"/> DELETE	4.1 TITLE	D/V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	4.2 NAME	
STREET ADDRESS	NASHVILLE TN	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VPF GRECO, SAMUEL A <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	201 W MAIN STREET	5.2 NAME	R. Milton Johnson
STREET ADDRESS	LOUISVILLE KY	5.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	V PELLEGRINO, KATHLEEN <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	201 W. MAIN ST.	6.2 NAME	John M. Franck
STREET ADDRESS	LOUISVILLE KY	6.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Nashville, TN 37203

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M. FRANCK 4/2/96

Date

Daytime Phone #

(615) 327-9551

CR2E034 (12/95)