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
96 JUN 25 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 500122

1. Corporation Name
Brookwood Medical Center of Tampa, Inc.

Principal Place of Business
2901 Swann Avenue
Tampa, FL 33609

Mailing Address
c/o Mary Yumibe
3820 State Street
Santa Barbara, CA 93105

3. Date Incorporated or Qualified: 3/30/76
3a. Date of Last Report:

2. Principal Place of Business
21 2901 Swann Avenue
Suite, Apt #, etc
22
City & State
23 Tampa, FL
Zip
24 33609
25 Country

2a. Mailing Address
26 3820 State Street
Suite, Apt #, etc
27
City & State
28 Santa Barbara, CA
Zip
29 93105
30 Country

4. FEI Number: 59-1673752 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [x] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [x] No

9. Name and Address of Current Registered Agent

C T Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	President	[ ] DELETE
NAME	Keith Henthorne	
STREET ADDRESS	2901 Swann Avenue	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	Executive Vice President	[ ] DELETE
NAME	W. Randolph Smith	
STREET ADDRESS	14001 Dallas Parkway	
CITY-ST-ZIP	Dallas, TX 75240	
TITLE	Senior VP/Secretary/D	[ ] DELETE
NAME	Scott M. Brown	
STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	CFO	[ ] DELETE
NAME	Trevor Fetter	
STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	Treasurer	[ ] DELETE
NAME	Terence P. McMullen	
STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP [ ] Change [ ] Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP [ ] Change [ ] Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP [ ] Change [ ] Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP [ ] Change [ ] Addition

100001875111
-06/25/96--01087--029
****225.00 ****225.00

100001875111
-06/25/96--01087--030
******8.75 ******8.75

6/25/96

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] June 20, 1996 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Scott M. Brown, Sr. VP/Secretary

CR2E034 (12/95)