

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

97 FEB -7 PM 2:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 500122 (7)

1. Corporation Name
BROOKWOOD MEDICAL CENTER OF TAMPA, INC.

Principal Place of Business

2901 SWANN AVENUE
TAMPA FL 33609
US

Mailing Address

3820 STATE STREET
SANTA BARBARA CA 93105-9112
US

3. Date Incorporated or Qualified 03/30/1976	3a. Date of Last Report 06/25/1996
4. FEI Number 59-1673752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 x/o Mary H. Yumibe

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HENTHORNE, KEITH	
STREET ADDRESS	2901 SWANN AVENUE	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	SMITH, W. RANDOLPH	
STREET ADDRESS	14001 DALLAS PARKWAY	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	FETTER, TREVOR	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS
6.3 STREET ADDRESS	Alan Lundgren
6.4 CITY-ST-ZIP	3820 State Street Santa Barbara, CA 93105

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:

Alan Lundgren, Asst. Sec'y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97

805/563-7075

Daytime Phone #

CR2E034 (9/96)