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

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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **500122**

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
C/O MARY YUMIBE
SANTA BARBARA CA 93105
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
03/30/1976

4. FEI Number
59-1673752
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

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's signature, and title, if applicable, must be in ink) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[X] DELETE
NAME	MAHAN, STEPHEN	
STREET ADDRESS	2901 SWANN AVENUE	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	EVP	[ ] DELETE
NAME	SMITH, W. RANDOLPH	
STREET ADDRESS	14001 DALLAS PARKWAY	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	VSD	[X] DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	CFO	[ ] DELETE
NAME	FETTER, TREVOR	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	T	[ ] DELETE
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	AS	[X] DELETE
NAME	LUNDGREN, ALAN	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	[ ] Change [X] Add
12 NAME	Charles Scott	
13 STREET ADDRESS	2901 Swann Avenue	
14 CITY-ST-ZIP	Tampa, FL 33609	
21 TITLE		[ ] Change [ ] Add
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	VSD	[ ] Change [X] Add
32 NAME	Richard B. Silver	
33 STREET ADDRESS	3820 State Street	
34 CITY-ST-ZIP	Santa Barbara, CA 93105	
41 TITLE		[ ] Change [ ] Add
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Add
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	AS	[ ] Change [X] Add
62 NAME	Caitlin M. Larsen	
63 STREET ADDRESS	3820 State Street	
64 CITY-ST-ZIP	Santa Barbara, CA 93105	

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****150.00 ****150.00

14. I 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, with all other like empowered.

SIGNATURE: Caitlin Larsen Caitlin M. Larsen, Asst. Sec. 4/8/99 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)