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

055086

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	Mailing Address
2901 SWANN AVENUE TAMPA FL 33609 US	3820 STATE STREET C/O MARY YUMIBE SANTA BARBARA CA 93105 US

DO NOT WRITE IN THIS SPACE

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. Was corporation open the current year for profit? Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

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 of officer (DATE: Required If Agent Changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	[X] DELETE	11 TITLE	P	[ ] Change [X] Add
NAME	MAHAN, STEPHEN		12 NAME	Charles Scott	
STREET ADDRESS	2901 SWANN AVENUE		13 STREET ADDRESS	2901 Swann Avenue	
CITY-ST-ZIP	TAMPA FL 33609		14 CITY-ST-ZIP	Tampa, FL 33609	
TITLE	EVP	[ ] DELETE	21 TITLE		[ ] Change [ ] Add
NAME	SMITH, W. RANDOLPH		22 NAME	100001254833011 4	
STREET ADDRESS	14001 DALLAS PARKWAY		23 STREET ADDRESS	-04/22/99--01113--011	
CITY-ST-ZIP	DALLAS TX 75240		24 CITY-ST-ZIP	****150.00 ****150.00	
TITLE	VSD	[X] DELETE	31 TITLE	VSD	[ ] Change [X] Add
NAME	BROWN, SCOTT M		32 NAME	Richard B. Silver	
STREET ADDRESS	3820 STATE STREET		33 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	SANTA BARBARA CA 93105		34 CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	CFO	[ ] DELETE	41 TITLE		[ ] Change [ ] Add
NAME	FETTER, TREVOR		42 NAME		
STREET ADDRESS	3820 STATE STREET		43 STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA CA 93105		44 CITY-ST-ZIP		
TITLE	T	[ ] DELETE	51 TITLE		[ ] Change [ ] Add
NAME	MCMULLEN, TERENCE P		52 NAME		
STREET ADDRESS	3820 STATE STREET		53 STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA CA 93105		54 CITY-ST-ZIP		
TITLE	AS	[X] DELETE	61 TITLE	AS	[ ] Change [X] Add
NAME	LUNDGREN, ALAN		62 NAME	Caitlin M. Larsen	
STREET ADDRESS	3820 STATE STREET		63 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	SANTA BARBARA CA 93105		64 CITY-ST-ZIP	Santa Barbara, CA 93105	

CR2E034 (11/98)

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