

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership CGH HOSPITAL, LTD.	1a. DOCUMENT # A95000001062 <i>47-AR CM</i>
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Mailing Address P.O. BOX 1200 NASHVILLE TN 37203	Principal Office Address 3401 WEST END AVENUE, SUITE 700 NASHVILLE TN 37203	3. Date Formed or Registered 07/14/1995
2. Mailing Address Suite, Apt. #, etc. P.O. BOX 1200 City & State Nashville, TN Zip Country 37202-1200		3a. Date of Last Report 04/29/1996
2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation FL
		5a. Capital Contributions as Shown on record. \$5,000,000.00
		5b. Amount of Capital Contributions in FLORIDA to date:
		6. FEI Number 65-0638215 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)		

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 4201 HAYS STREET TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road Suite, Apt. #, etc.: City: Plantation FL Zip Code: 33324

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): *Mary P. Adams*, ASST SECY, DATE: 11-7-96

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
CORAL GABLES HOSPITAL, INC.	3401 WEST END AVENUE	NASHVILLE TN 37203	G11755

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: *Karen H. Abbott* DATE: 11-5-96
 Typed or Printed Name of General Partner Signing Form: Karen H. Abbott
 Daytime Telephone Number: (415) 383-8599

CRCE003 (6/96)