

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
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **J70517** (4)
1. Corporation Name
PALMS WEST HOSPITAL, INC.



Principal Place of Business Mailing Address
4525 HARDING ROAD **4525 HARDING ROAD**
P.O. BOX 24350 **P.O. BOX 24350**
NASHVILLE TN 37202-1350 **NASHVILLE TN 37202-1350**

3. Date Incorporated or Qualified **05/01/1987** 3a. Date of Last Report **04/19/1995**
4. FEI Number **59-2822334** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **One Park Plaza** 26 **P.O. BOX 570**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
23 **Nashville, TN** 28 **Nashville, TN**
City & State City & State
24 **37203** 25 **US** 29 **37202** 30 **US**
Zip Country Zip Country

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box) **5900018125**
-05/13/96-01027-026
83 *****200.00**
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, as applicable _____ Date _____
1996 Registered Agent signature required when re-filing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P Daniel Moen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, HERBERT T.	1.2 NAME	7975 NW 154th Street, # 400 A
STREET ADDRESS	4525 HARDING RD	1.3 STREET ADDRESS	Miami Lakes, FL 33016
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, R. MILTON	2.2 NAME	One Park Plaza
STREET ADDRESS	4525 HARDING RD	2.3 STREET ADDRESS	Nashville, TN 37203
CITY-ST-ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, GLENN D.	3.2 NAME	David C. Colby
STREET ADDRESS	4525 HARDING RD	3.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHESLEY, YOLANDA D.	4.2 NAME	Richard A. Schweinhart
STREET ADDRESS	4525 HARDING RD	4.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEFFIELD, DIANE A.	5.2 NAME	Stephen T. Braun
STREET ADDRESS	4525 HARDING RD.	5.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	NASHVILLE TN	5.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STREET, DONALD	6.2 NAME	John M. Franck
STREET ADDRESS	4525 HARDING RD	6.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	NASHVILLE TN	6.4 CITY-ST-ZIP	Nashville, TN 37203

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: R. Milton Johnson **R. Milton Johnson** 4-1-96 (615) 327-9551
Signature and typed or printed name of signing officer or director Date Telephone #

CR2E034 (12/95)