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**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J70517 (4)

1. Corporation Name
PALMS WEST HOSPITAL, INC.



Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203	Mailing Address PO BOX 370 NASHVILLE TN 37202-0370
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/01/1987	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. PO BOX 750	4. FEI Number 59-2822334	Applied For Not Applicable
22. City & State	27. Nashville TN	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. 37202	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. USA	30. Country	30. USA
25. Country	30. USA	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	MOEN, DANIEL
STREET ADDRESS	7975 NW 154TH ST. #400A
CITY - ST - ZIP	MIAMI LAKES FL 33016
TITLE	V <input type="checkbox"/> DELETE
NAME	JOHNSON, R. MILTON
STREET ADDRESS	ONE PARK PLAZA
CITY - ST - ZIP	NASHVILLE TN 37203
TITLE	VTD <input type="checkbox"/> DELETE
NAME	COLBY, DAVID C
STREET ADDRESS	ONE PARK PLAZA
CITY - ST - ZIP	NASHVILLE TN 37203
TITLE	DV <input type="checkbox"/> DELETE
NAME	SCHWEINHART, RICHARD A.
STREET ADDRESS	ONE PARK PLAZA
CITY - ST - ZIP	NASHVILLE TN 37203
TITLE	VSD <input type="checkbox"/> DELETE
NAME	BRAUN, STEPHEN T
STREET ADDRESS	ONE PARK PLAZA
CITY - ST - ZIP	NASHVILLE TN 37203
TITLE	S <input type="checkbox"/> DELETE
NAME	FRANCK, JOHN M
STREET ADDRESS	ONE PARK PLAZA
CITY - ST - ZIP	NASHVILLE TN 37203

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Donahay, Kenneth
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Eiton, Rosalyn
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: John Franck Date: 4-1-97

CR2E034 (9/96)