

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J70522

(4)

1. Corporation Name
SOUTH SEMINOLE HOSPITAL, INC.

Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203

Mailing Address

PO BOX 570
NASHVILLE TN 37202-0570



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		05/01/1987		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28		59-2822336		Not Applicable	
24 Zip		29		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30		<input type="checkbox"/>		<input type="checkbox"/>	
26		31		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
27		32		<input type="checkbox"/>		<input type="checkbox"/>	
28		33		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
29		34		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
30		31		THE PRENTICE-HALL CORPORATION SYSTEM, INC.		81 Name	
31		32		1201 HAYS STREET		82 Street Address (P.O. Box Number is Not Acceptable)	
32		33		SUITE 105		83	
33		34		TALLAHASSEE FL 32301		84 City	
34		35				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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOEN, DANIEL J	1.2 NAME	Fleetwood, Jim
STREET ADDRESS	7975 NW 154 ST. #400A	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33018	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, R. MILTON	2.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLBY, DAVID O	3.2 NAME	Donahay, Kenneth
STREET ADDRESS	ONE PARK PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEINHART, RICHARD A	4.2 NAME	Eaton, Rosalyn
STREET ADDRESS	ONE PARK PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, STEPHEN T	5.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCK, JOHN M	6.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0476831

CR2E034 (9/96)