

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

DOCUMENT # J70535 (6)

1. Corporation Name

~~NORTH OKALOOSA MEDICAL CENTER, INC.~~

COLUMBIA OF PINELLAS COUNTY NC 5/2/96



Principal Place of Business

Mailing Address

4525 HARDING ROAD
P.O. BOX 24350
NASHVILLE TN 37202-1350

4525 HARDING ROAD
P.O. BOX 24350
NASHVILLE TN 37202-1350

3. Date Incorporated or Qualified
05/01/1987

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 One Park Plaza

26 One Park Plaza

4. FEI Number

59-2822332

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

23 Nashville TN

27 City & State
Nashville, TN

24 37203 25 US

29 37203 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 or trustee agent

DATE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
V	WILLIAMS, HERBERT T.	4525 HARDING ROAD	NASHVILLE TN	<input checked="" type="checkbox"/>
V	JOHNSON, R. MILTON	4525 HARDING ROAD	NASHVILLE TN	<input type="checkbox"/>
VI	DAVIS, GLENN D.	4525 HARDING ROAD	NASHVILLE TN	<input checked="" type="checkbox"/>
D	CHESLEY, YOLANDA D.	4525 HARDING ROAD	NASHVILLE TN	<input checked="" type="checkbox"/>
S	SHEFFIELD, DIANE A.	4525 HARDING RD.	NASHVILLE TN	<input checked="" type="checkbox"/>
S	STREET, DONALD	4525 HARDING RD.	NASHVILLE TN	<input checked="" type="checkbox"/>

1	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
V/D	Schweinhart, Richard A.	One Park Plaza	Nashville, TN 37203		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		One Park Plaza	Nashville, TN 37203		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	Frank, John M.	One Park Plaza	Nashville, TN 37203		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/S/D	Braun, Stephen T.	One Park Plaza	Nashville, TN 37203		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		600001818118	-05/13/96--01027--017		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		***200.00			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UT/D	Culby, David C.	One Park Plaza	Nashville, TN 37203		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

4-9-96

(65)327-9551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (12/95)