FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M76776** **(7)**

1. Corporation Name

CORAL GABLES HOSPITAL PARTNERS, INC.

Principal Place of Business	Mailing Address
3401 WEST END AVE. SUITE 700 NASHVILLE TN 37203	3401 WEST END AVE. SUITE 700 NASHVILLE TN 37203

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/18/1988
3a. Date of Last Report: 06/20/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 75-2511601 ☐ 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.
83:
84 City: Plantation FL 85 Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	11 TITLE	D/C/CEO	☒ Change ☐ Addition
NAME	BURKLOW, BRYAN	12 NAME		
STREET ADDRESS	17300 N.W. 7TH AVE., SUITE 204	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169	14 CITY-ST-ZIP		
TITLE	PCOO	21 TITLE	VAS	☒ Change ☒ Addition
NAME	BIANCO, NICK	22 NAME	Ronald P. Soltman	
STREET ADDRESS	3100 DOUGLAS RD.	23 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY-ST-ZIP	CORAL GABLES FL 33134	24 CITY-ST-ZIP	Nashville, TN 37203	
TITLE	AS	31 TITLE	AS	☒ Change ☐ Addition
NAME	JOHNSON, JAMES H.	32 NAME	Karen H. Abbott	
STREET ADDRESS	3401 WEST END AVENUE, STE. 700	33 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY-ST-ZIP	NASHVILLE TN	34 CITY-ST-ZIP	Nashville, TN 37203	
TITLE	VCFO	41 TITLE	AS	☒ Change ☒ Addition
NAME	SANZ, CAROLA	42 NAME	Richard A. Parr II	
STREET ADDRESS	3100 DOUGLAS RD.	43 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY-ST-ZIP	CORAL GABLES FL 33134	44 CITY-ST-ZIP	Nashville, TN 37203	
TITLE	VT	51 TITLE		☐ Change ☐ Addition
NAME	TONNIES, RUSSELL F.	52 NAME		
STREET ADDRESS	3401 WEST END AVENUE, STE. 700	53 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN	54 CITY-ST-ZIP		
TITLE	S	61 TITLE	AS	☒ Change ☒ Addition
NAME	BROWN, JONATHON A	62 NAME	James H. Spalding	
STREET ADDRESS	3100 DOUGLAS RD.	63 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY-ST-ZIP	CORAL GABLES FL 33134	64 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)(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: Karen H. Abbott Karen H. Abbott 4/20/95 615-385-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0384433 CP