

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 # **P33774 (1)**
1. Corporation Name
COMMUNITY HEALTH SYSTEMS, INC.



Principal Place of Business: **3707 FM 1960 WEST, SUITE 500 HOUSTON TX 77068**
Mailing Address: **155 FRANKLIN RD S400 BRENTWOOD TN 37027 US**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **04/30/1991**
3a. Date of Last Report: **06/09/1995**
4. FEI Number: **76-0137985**
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
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **500001817875**
83: **-05/13/96--01018--048**
84 City: *****200.00** 85 Zip Code: **FL**

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 transferring) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHANEY, E. THOMAS	
STREET ADDRESS	3707 FM 1960 WEST, S 500	
CITY- ST- ZIP	HOUSTON TX	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	STEFFY, DAVID L	
STREET ADDRESS	660 NEWPORT CENTER DR S470	
CITY- ST- ZIP	NEWPORT BCH CA	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	BUFORD, T. MARK	
STREET ADDRESS	3707 FM 1960 WEST, S 500	
CITY- ST- ZIP	HOUSTON TX	
TITLE	Vp	<input type="checkbox"/> DELETE
NAME	RUTLEDGE, JOHN M	
STREET ADDRESS	155 FRANKLIN RD. S 400	
CITY- ST- ZIP	BRENTWOOD TN	
TITLE	AVPS	<input type="checkbox"/> DELETE
NAME	PARSONS, LINDA K.	
STREET ADDRESS	3707 FM 1960 WEST, S 500	
CITY- ST- ZIP	HOUSTON TX	
TITLE	EXVP	<input checked="" type="checkbox"/> DELETE
NAME	RASH, MARTIN S.	
STREET ADDRESS	155 FRANKLIN RD S400	
CITY- ST- ZIP	BRENTWOOD TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chaney, E. Thomas	
1.3 STREET ADDRESS	155 Franklin Road, Suite 400	
1.4 CITY- ST- ZIP	Brentwood, TN 37027	
2.1 TITLE	Director and Vice Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steffy, David L.	
2.3 STREET ADDRESS	660 Newport Center Drive, Suite 470	
2.4 CITY- ST- ZIP	Newport Beach, CA	
3.1 TITLE	DVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Buford, T. Mark	
3.3 STREET ADDRESS	155 Franklin Road, Suite 400	
3.4 CITY- ST- ZIP	Brentwood, TN 37027	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hardison, Robert E.	
4.3 STREET ADDRESS	155 Franklin Road, Suite 400	
4.4 CITY- ST- ZIP	Brentwood, TN 37027	
5.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Parsons, Linda K.	
5.3 STREET ADDRESS	155 Franklin Road, Suite 400	
5.4 CITY- ST- ZIP	Brentwood, TN 37027	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Martin-Michels	
6.3 STREET ADDRESS	155 Franklin Road, Suite 400	
6.4 CITY- ST- ZIP	Brentwood, TN 37027	

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: *Sara Martin-Michels* 4/29/96 615/377-4532
Sara Martin-Michels, Assistant Secretary

CR2E034 (12/95)