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**Jan 28 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 # P33774 (1)
1. Corporation Name
COMMUNITY HEALTH SYSTEMS, INC.



Principal Place of Business Mailing Address
3707 FM 1960 WEST, SUITE 500 HOUSTON TX 77068
155 FRANKLIN RD S400 BRENTWOOD TN 37027-4846 US

3. Date Incorporated or Qualified **04/30/1991** 3a. Date of Last Report **05/01/1996**
4. FEI Number **76-0137985** 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

2. Principal Place of Business 2b. Mailing Address
21 **155 Franklin Rd.** 26 Suite, Apt. #, etc.
22 **Suite 400** 27
23 **Brentwood TN** 28 City & State
24 **37027** 25 **USA** 29 Zip 30 Country

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)
83
84 City **FL** 85 Zip Code

I 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 _____
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHANEY, E. THOMAS	
STREET ADDRESS	155 FRANKLIN RD. STE 400	
CITY - ST - ZIP	BRENTWOOD TN 37027	
TITLE	DVC	<input checked="" type="checkbox"/> DELETE
NAME	STEFFY, DAVID L	
STREET ADDRESS	660 NEWPORT CENTER DR S470	
CITY - ST - ZIP	NEWPORT BCH CA 37027	
TITLE	DVPD	<input type="checkbox"/> DELETE
NAME	BUFORD, T. MARK	
STREET ADDRESS	155 FRANKLIN RD. STE 400	
CITY - ST - ZIP	BRENTWOOD TN 37027	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RUTLEDGE, JOHN M	
STREET ADDRESS	155 FRANKLIN RD. S 400	
CITY - ST - ZIP	BRENTWOOD TN 37027	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	PARSONS, LINDA K	
STREET ADDRESS	155 FRANKLIN RD. S 400	
CITY - ST - ZIP	BRENTWOOD TN 37027	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MARTIN-MICHEL, SARA	
STREET ADDRESS	155 FRANKLIN RD. S 400	
CITY - ST - ZIP	BRENTWOOD TN 37027	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VP + Controller
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	See Attachment for Additional
63 STREET ADDRESS	Directors and officers
64 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: Sara Martin-Michels Sara Martin-Michels Assistant Secretary 1/21/97 615-373-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

COMMUNITY HEALTH SYSTEMS, INC.

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EIN: 76-0137985

Additional Directors:

<u>Name</u>	<u>Address</u>
Sandra J. Horbach	Forstmann Little & Co. 767 Fifth Avenue New York, NY 10153
Thomas H. Lister	Forstmann Little & Co. 767 Fifth Avenue New York, NY 10153
Richard E. Ragsdale	Community Health Systems, Inc. 155 Franklin Rd., Suite 400 Brentwood, TN 37027

Additional Officers:

<u>Name</u>	<u>Title</u>	<u>Address</u>
Ernest Bacon	Ex. V.P. & COO	155 Franklin Rd., Suite 400 Brentwood, TN 37027
J. Thomas Anderson	Vice President	155 Franklin Rd., Suite 400 Brentwood, TN 37027
Thomas E. Cook, Jr.	Vice President	155 Franklin Rd., Suite 400 Brentwood, TN 37027
Barbara Groux	Vice President	155 Franklin Rd., Suite 400 Brentwood, TN 37027
Robert E. Hardison, Jr.	Vice President	155 Franklin Rd., Suite 400 Brentwood, TN 37027
James McLendon	Vice President	155 Franklin Rd., Suite 400 Brentwood, TN 37027
Michael T. Portacci	Vice President	155 Franklin Rd., Suite 400 Brentwood, TN 37027
Rodney R. Smith	Vice President	155 Franklin Rd., Suite 400 Brentwood, TN 37027

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Additional Officers, continued:

<u>Name</u>	<u>Title</u>	<u>Address</u>
Barry E. Stewart	Treasurer	155 Franklin Rd., Suite 400 Brentwood, TN 37027
Terry H. Hendon	Assistant Secretary	155 Franklin Rd., Suite 400 Brentwood, TN 37027