

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2007
Secretary of State**

DOCUMENT# P33774

Entity Name: CHS/COMMUNITY HEALTH SYSTEMS, INC.

Current Principal Place of Business:

New Principal Place of Business:

4000 MERIDIAN BLVD.
FRANKLIN, TN 37067 US

Current Mailing Address:

New Mailing Address:

4000 MERIDIAN BLVD.
FRANKLIN, TN 37067 US

FEI Number: 76-0137985 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V/C () Delete
Name: BUFORD, T. MARK
Address: 4000 MERIDIAN BLVD.
City-St-Zip: FRANKLIN, TN 37067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Delete
Name: PARSONS, LINDA K
Address: 4000 MERIDIAN BLVD.
City-St-Zip: FRANKLIN, TN 37067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EV/D () Delete
Name: CASH, W. LARRY
Address: 4000 MERIDIAN BLVD.
City-St-Zip: FRANKLIN, TN 37067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD () Delete
Name: SEIFERT, RACHEL A
Address: 4000 MERIDIAN BLVD.
City-St-Zip: FRANKLIN, TN 37067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Delete
Name: SMITH, WAYNE T
Address: 4000 MERIDIAN BLVD.
City-St-Zip: FRANKLIN, TN 37067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS () Delete
Name: KECK, ROBIN J
Address: 4000 MERIDIAN BLVD.
City-St-Zip: FRANKLIN, TN 37067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN J KECK

AS

04/07/2007

Electronic Signature of Signing Officer or Director

Date