

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 # **P93000042391**

1. Corporation Name
Sebastain Hospital, Inc.



Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified 6-15-93	3a. Date of Last Report 5-1-96
4. FEI Number 61-1242714	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 One Park Plaza Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. Box 570 Suite, Apt. #, etc. 27 Attn: Tax Dept. City & State 28 Nashville, TN Zip 29 37202 Country 30 US
City & State 23 Nashville, TN Zip 24 37203 Country 25 US	

9. Name and Address of Current Registered Agent
**The Prentice Hall Corporation System, Inc.
1201 Hays Street, Suite 105
Tallahassee, FL 32301**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	300001847273
84 City	***200.00 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Daniel Moen
STREET ADDRESS		1.3 STREET ADDRESS	7475 NW 154th St., # 400 A
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Miami Lakes, FL 33016
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	STEPHEN T. Braun
STREET ADDRESS		2.3 STREET ADDRESS	One Park Plaza
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Nashville, TN 37203
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	David C. Colby
STREET ADDRESS		3.3 STREET ADDRESS	One Park Plaza
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Nashville, TN 37203
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Richard A. Schweinhart
STREET ADDRESS		4.3 STREET ADDRESS	One Park Plaza
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Nashville, TN 37203
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	R. Milton Johnson
STREET ADDRESS		5.3 STREET ADDRESS	One Park Plaza
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Nashville, TN 37203
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	John M. Franck
STREET ADDRESS		6.3 STREET ADDRESS	One Park Plaza
CITY - ST - ZIP		6.4 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)(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 it 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** **4-2-96 (615) 327-9551**