

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000054065 (5)

1. Corporation Name

COLUMBIA/HCA OF TREASURE COAST, INC.



Principal Place of Business

Mailing Address

ONE PARK PLAZA
NASHVILLE TN 37203
US

P O BOX 570
ATTN: TAX DEPT
NASHVILLE TN 37202
US

3. Date Incorporated or Qualified 07/21/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 61-1266873	Applied For Not Applicable
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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	VANDEWATER, DAVID T
STREET ADDRESS	ONE PARK PLAZA
CITY-ST-ZIP	NASHVILLE TN
TITLE	PD <input type="checkbox"/> DELETE
NAME	MOEN, DANIEL J
STREET ADDRESS	ONE PARK PLAZA
CITY-ST-ZIP	NASHVILLE TN
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MCKNIGHT, PAUL J
STREET ADDRESS	ONE PARK PLAZA
CITY-ST-ZIP	NASHVILLE TN
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	V/D Braun, Stephen T.
1.3 STREET ADDRESS	One Park Plaza
1.4 CITY-ST-ZIP	Nashville, TN 37203
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V/D Schweinhart, Richard
2.3 STREET ADDRESS	One Park Plaza
2.4 CITY-ST-ZIP	Nashville, TN 37203
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S Franck, John
3.3 STREET ADDRESS	One Park Plaza
3.4 CITY-ST-ZIP	Nashville, TN 37203
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V MILTON JOHANSON
4.3 STREET ADDRESS	One Park Plaza
4.4 CITY-ST-ZIP	Nashville, TN 37203
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D/V/T David C Colby
5.3 STREET ADDRESS	One Park Plaza
5.4 CITY-ST-ZIP	Nashville, TN 37203
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *John Franck* **JOHN FRANCK** DATE: **4-9-96** DAYTIME PHONE: **(615) 327-9551**

CR2E034 (12/95)