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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000054065 (5)

1. Corporation Name

COLUMBIA/HCA OF TREASURE COAST, INC.



Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203
US

Mailing Address

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

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

Country

Zip

Country

24

29

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

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

TITLE CD ☒ DELETE

NAME VANDEWATER, DAVID T
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

TITLE PD ☐ DELETE

NAME MOEN, DANIEL J
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

TITLE PD ☒ DELETE

NAME MCKNIGHT, PAUL J
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME VID Braun, Stephen T.
12 NAME One Park Plaza
13 STREET ADDRESS Nashville, TN 37203
14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

NAME VID Schweinhart, Richard
22 NAME One Park Plaza
23 STREET ADDRESS Nashville, TN 37203
24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

NAME S Franck, John
3.2 NAME One Park Plaza
3.3 STREET ADDRESS Nashville, TN 37203
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

NAME V MILTON JOHNSON
4.2 NAME One Park Plaza
4.3 STREET ADDRESS Nashville, TN 37203
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

NAME D/C/T David C Colby
5.2 NAME One Park Plaza
5.3 STREET ADDRESS Nashville, TN 37203
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
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

Signature and typed or printed name of officer or director

Date

Daytime Phone #

CR2E034 (12/95)