

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 # P95000042758 (9)

1. Corporation Name

COLUMBIA/JFK HEALTHCARE SYSTEM, INC.

Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203

Mailing Address

ONE PARK PLAZA
NASHVILLE TN 37203

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 C/O Columbia/HCA Tax Dept.

27 Suite, Apt. #, etc.

P.O. Box 570

28 City & State

NASHVILLE, TN

29 Zip

37202

30 Country

3. Date Incorporated or Qualified
06/01/1995

3a. Date of Last Report

4. FEI Number
02-1608717

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

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

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 the corporation)

(Sole Registered Agent Signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME MCNICHOLAS, ANTHONY J III
STREET ADDRESS 5301 S. CONGRESS AVE.
CITY-ST-ZIP ATLANTIS FL 33462

TITLE D ☒ DELETE
NAME MOORE, STEPHEN
STREET ADDRESS 5301 S. CONGRESS AVE.
CITY-ST-ZIP ATLANTIS FL 33462

TITLE D ☒ DELETE
NAME LEVIN, STEPHEN
STREET ADDRESS 5301 S. CONGRESS AVE.
CITY-ST-ZIP ATLANTIS FL 33462

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

11 TITLE P ☐ Change ☒ Addition
12 NAME DANIEL MOEN
13 STREET ADDRESS 7975 NW 154TH STREET #400A
14 CITY-ST-ZIP MIAMI LAKES, FL 33016

21 TITLE DSV ☐ Change ☒ Addition
22 NAME STEPHEN T. BRAUN
23 STREET ADDRESS ONE PARK PLAZA
24 CITY-ST-ZIP NASHVILLE, TN 37203

31 TITLE VTD ☐ Change ☒ Addition
32 NAME DAVID C. COLBY
33 STREET ADDRESS ONE PARK PLAZA
34 CITY-ST-ZIP NASHVILLE, TN 37203

41 TITLE VD ☐ Change ☒ Addition
42 NAME RICHARD A. SCHWEINHART
43 STREET ADDRESS ONE PARK PLAZA
44 CITY-ST-ZIP NASHVILLE, TN 37203

51 TITLE V ☐ Change ☒ Addition
52 NAME R. MILTON JOHNSON
53 STREET ADDRESS ONE PARK PLAZA
54 CITY-ST-ZIP NASHVILLE, TN 37203

61 TITLE V ☐ Change ☒ Addition
62 NAME JAMES D. HINTON
63 STREET ADDRESS ONE PARK PLAZA
64 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 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:

R. Milton Johnson

R. MILTON JOHNSON

4/29/96

Date

(Typed Name)

CR2E034 (12/95)