

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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **P95000042758 (9)**

1. Corporation Name

COLUMBIA/JFK HEALTHCARE SYSTEM, INC.



Principal Place of Business

Mailing Address

**ONE PARK PLAZA
NASHVILLE TN 37203**

**ONE PARK PLAZA
NASHVILLE TN 37203**

3. Date Incorporated or Qualified
06/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 **C/O Columbia/HCA Tax Dept.**

4. FLI Number
02-1608717

Applied For
Not Applicable

22 City & State

27 **P.O. BOX 570**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

28 **NASHVILLE, TN**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Country

29 **37202**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 the corporation)

(NOTE: Registered Agent Signature required after filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCNICHOLAS, ANTHONY J III	
STREET ADDRESS	5301 S. CONGRESS AVE.	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, STEPHEN	
STREET ADDRESS	5301 S. CONGRESS AVE.	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEVIN, STEPHEN	
STREET ADDRESS	5301 S. CONGRESS AVE.	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DANIEL MOEN	
13 STREET ADDRESS	7975 NW 154TH STREET #400A	
14 CITY-ST-ZIP	MIAMI LAKES, FL 33016	
2 TITLE	DSV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	STEPHEN T. BRAUN	
23 STREET ADDRESS	ONE PARK PLAZA	
24 CITY-ST-ZIP	NASHVILLE, TN 37203	
3 TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DAVID C. COLBY	
33 STREET ADDRESS	ONE PARK PLAZA	
34 CITY-ST-ZIP	NASHVILLE, TN 37203	
4 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	RICHARD A SCHWEINHART	
43 STREET ADDRESS	ONE PARK PLAZA	
44 CITY-ST-ZIP	NASHVILLE, TN 37203	
5 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	R. MILTON JOHNSON	
53 STREET ADDRESS	ONE PARK PLAZA	
54 CITY-ST-ZIP	NASHVILLE, TN 37203	
6 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Power

CR2E034 (12/95)