

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000003014 (3)  
1. Corporation Name  
ENGLEWOOD COMMUNITY HEALTH CARE GROUP, INC.



Principal Place of Business Mailing Address  
ONE PARK PLAZA ONE PARK PLAZA  
NASHVILLE TN 37203 NASHVILLE TN 37203

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/10/1996		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 62-1627674		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 ST 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D/SVP/AS	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAUN, STEPHEN T			1.2 NAME			
STREET ADDRESS	ONE PARK PLAZA			1.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN 37203			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D/SVP/AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLBY, DAVID C			2.2 NAME	Kenneth C. Donahay		
STREET ADDRESS	ONE PARK PLAZA			2.3 STREET ADDRESS	One Park Plaza		
CITY-ST-ZIP	NASHVILLE TN 37203			2.4 CITY-ST-ZIP	Nashville, TN 37203		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHWEINHART, RICHARD A			3.2 NAME	Kosalyn S. Ethon		
STREET ADDRESS	ONE PARK PLAZA			3.3 STREET ADDRESS	One Park Plaza		
CITY-ST-ZIP	NASHVILLE TN 37203			3.4 CITY-ST-ZIP	Nashville, TN 37203		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	John M. Franck II		
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			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Required*

4/8/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0527431

CR2E034 (9/96)