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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S36456** (9)

COLUMBIA HOSPITAL CORPORATION OF KENDALL

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 201 W MAIN ST #2100 LOUISVILLE KY 40202 US
Mailing Address: P O BOX 740035 ATTN: TAX DEPT LOUISVILLE KY 40201-7435 US

3. Date incorporated in Kentucky 03/08/1991	3a. Date of Last Report 05/01/1994
4. FET Number 75-2374060	Applied For <input type="checkbox"/> 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 franchise fee under S. 199.114, Florida Statute <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. ONE PARK PLAZA State: Apt. # or 22. NASHVILLE TN City & State 23. 37203 Country	2a. Mailing Address: 26. PO BOX 570 State: Apt. # or 27. ATTN: TAX DEPT. City & State 28. NASHVILLE TN Country 29. 37202 Country
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9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1. Name	B2. Street Address (P.O. Box Number, Not Applicable)	B3.	B4. City	B5. Zip Code
			FL	

11. Pursuant to the provisions of law for such entity and 607.15(8), Florida Statute, the above named corporation certifies 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, if any, or by the appointment as registered agent, if any, before said agent accepted the appointment of such for 607.15(7), Florida Statute.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)						
<table border="1"> <tr> <td>OFFICER</td> <td>P</td> </tr> <tr> <td>NAME</td> <td>SCOTT, RICHARD L</td> </tr> <tr> <td>STREET ADDRESS</td> <td>201 W MAIN ST LOUISVILLE KY</td> </tr> </table>	OFFICER	P	NAME	SCOTT, RICHARD L	STREET ADDRESS	201 W MAIN ST LOUISVILLE KY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	P						
NAME	SCOTT, RICHARD L						
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<table border="1"> <tr> <td>OFFICER</td> <td>P</td> </tr> <tr> <td>NAME</td> <td>MOEN, DANIEL J</td> </tr> <tr> <td>STREET ADDRESS</td> <td>7975 NW 154TH ST, #400A MIAMI LAKES FL</td> </tr> </table>	OFFICER	P	NAME	MOEN, DANIEL J	STREET ADDRESS	7975 NW 154TH ST, #400A MIAMI LAKES FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<table border="1"> <tr> <td>OFFICER</td> <td>DVAS</td> </tr> <tr> <td>NAME</td> <td>BRAUN, STEPHEN T</td> </tr> <tr> <td>STREET ADDRESS</td> <td>201 W MAIN ST LOUISVILLE KY</td> </tr> </table>	OFFICER	DVAS	NAME	BRAUN, STEPHEN T	STREET ADDRESS	201 W MAIN ST LOUISVILLE KY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<table border="1"> <tr> <td>OFFICER</td> <td>DVT</td> </tr> <tr> <td>NAME</td> <td>COLBY, DAVID C</td> </tr> <tr> <td>STREET ADDRESS</td> <td>201 W MAIN ST LOUISVILLE KY</td> </tr> </table>	OFFICER	DVT	NAME	COLBY, DAVID C	STREET ADDRESS	201 W MAIN ST LOUISVILLE KY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	DVT						
NAME	COLBY, DAVID C						
STREET ADDRESS	201 W MAIN ST LOUISVILLE KY						
<table border="1"> <tr> <td>OFFICER</td> <td>V</td> </tr> <tr> <td>NAME</td> <td>GRECO, SAMUEL A</td> </tr> <tr> <td>STREET ADDRESS</td> <td>201 W MAIN ST LOUISVILLE KY</td> </tr> </table>	OFFICER	V	NAME	GRECO, SAMUEL A	STREET ADDRESS	201 W MAIN ST LOUISVILLE KY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	V						
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STREET ADDRESS	201 W MAIN ST LOUISVILLE KY						
<table border="1"> <tr> <td>OFFICER</td> <td>DV</td> </tr> <tr> <td>NAME</td> <td>SCHWEINHART, RICHARD A</td> </tr> <tr> <td>STREET ADDRESS</td> <td>201 W MAIN ST LOUISVILLE KY</td> </tr> </table>	OFFICER	DV	NAME	SCHWEINHART, RICHARD A	STREET ADDRESS	201 W MAIN ST LOUISVILLE KY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	DV						
NAME	SCHWEINHART, RICHARD A						
STREET ADDRESS	201 W MAIN ST LOUISVILLE KY						

14. I, the undersigned, certify that this information supplied with the foregoing statement furnished and does not qualify for the exemption stated in Section 199.114(1)(b), Florida Statute. I further certify that the information is accurate to the best of my knowledge and belief and is true and correct and that my signature shall have the same legal effect as if made under oath. That any willful or negligent falsification of the information furnished hereon may be cause for the report prepared by Chapter 199, Florida Statute, and that my signature appears in Block 1, on this Form 199, is an offense under the laws of the State of Florida.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

615-320-2151