

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S36456 (9)**

1. Corporation Name
COLUMBIA HOSPITAL CORPORATION OF KENDALL



Principal Place of Business
ONE PARK PLAZA #2100 NASHVILLE TN 37203 US

Mailing Address
ATTN: TAX DEPT. P.O. BOX 570 NASHVILLE TN 37202 US

3. Date Incorporated or Qualified **03/08/1991** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **One Park Plaza**
Suite, Apt. #, etc.
22
City & State
23 **Nashville TN**
Zip Country
24 **37203** 25 **US**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29
30

4. FEI Number **75-2374060** 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 _____ DATE _____
Signature Speed or printed name of registered agent (Block 9) or director (Block 12 or 13) is required. (NOTE: Registered Agent Signature must be handwritten.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	SCOTT, RICHARD L	12 NAME
STREET ADDRESS	201 W MAIN ST	13 STREET ADDRESS
CITY-ST-ZIP	LOUISVILLE KY	14 CITY-ST-ZIP
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	MOEN, DANIEL J	22 NAME
STREET ADDRESS	7975 NW 154TH ST, #400A	23 STREET ADDRESS
CITY-ST-ZIP	MIAMI LAKES FL	24 CITY-ST-ZIP
TITLE	DVAS <input type="checkbox"/> DELETE	3.1 TITLE
NAME	BRAUN, STEPHEN T	32 NAME
STREET ADDRESS	201 W MAIN ST	33 STREET ADDRESS
CITY-ST-ZIP	LOUISVILLE KY	34 CITY-ST-ZIP
TITLE	DVT <input type="checkbox"/> DELETE	4.1 TITLE
NAME	COLBY, DAVID C	42 NAME
STREET ADDRESS	201 W MAIN ST	43 STREET ADDRESS
CITY-ST-ZIP	LOUISVILLE KY	44 CITY-ST-ZIP
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE
NAME	GRECO, SAMUEL A	52 NAME
STREET ADDRESS	201 W MAIN ST	53 STREET ADDRESS
CITY-ST-ZIP	LOUISVILLE KY	54 CITY-ST-ZIP
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE
NAME	SCHWEINHART, RICHARD A	62 NAME
STREET ADDRESS	201 W MAIN ST	63 STREET ADDRESS
CITY-ST-ZIP	LOUISVILLE KY	64 CITY-ST-ZIP

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Daniel Moen	
13 STREET ADDRESS	7975 NW 154th St., #400A	
14 CITY-ST-ZIP	MIAMI LAKES, FL 33016	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	R. Milton Johnson	
23 STREET ADDRESS	One Park Plaza	
24 CITY-ST-ZIP	Nashville, TN 37203	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	One Park Plaza	
34 CITY-ST-ZIP	Nashville, TN 37203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	One Park Plaza	
44 CITY-ST-ZIP	Nashville, TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	John M. Franck	
53 STREET ADDRESS	One Park Plaza	
54 CITY-ST-ZIP	Nashville, TN 37203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
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: **John Franck**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 (615) 327-9551
Daytime Phone #

CR2E034 (12/95)