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May 08 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 # S36456 (9)
 1. Corporation Name
COLUMBIA HOSPITAL CORPORATION OF KENDALL



Principal Place of Business: **ONE PARK PLAZA #2100 NASHVILLE TN 37202 US**

Mailing Address: **ATTN: TAX DEPT. P.O. BOX 570 NASHVILLE TN 37202-0570 US**

3. Date Incorporated or Qualified: **03/08/1991** 3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business

21 State, Apt #, etc. 26 **PO Box 750**

22 City & State 27 **Nashville TN**

23 Zip 28 **37202** 29 Country 30 **USA**

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 85 Zip Code

FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: DANIEL MOEN		1.2 NAME: Jim Fleetwood	
STREET ADDRESS: 7975 N.W. 154TH ST., 400A		1.3 STREET ADDRESS:	
CITY-STATE-ZIP: MIAMI LAKES FL		1.4 CITY-ST-ZIP:	
TITLE: V	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: R. MILTON JOHNSON		2.2 NAME:	
STREET ADDRESS: ONE PARK PLAZA		2.3 STREET ADDRESS:	
CITY-STATE-ZIP: NASHVILLE TN		2.4 CITY-ST-ZIP:	
TITLE: DVAS	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: BRAUN, STEPHEN T		3.2 NAME:	
STREET ADDRESS: ONE PARK PLAZA		3.3 STREET ADDRESS:	
CITY-STATE-ZIP: NASHVILLE TN		3.4 CITY-ST-ZIP:	
TITLE: DVT	<input type="checkbox"/> DELETE	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: GOLBY, DAVID E		4.2 NAME: Donahay, Kenneth	
STREET ADDRESS: ONE PARK PLAZA		4.3 STREET ADDRESS:	
CITY-STATE-ZIP: NASHVILLE TN		4.4 CITY-ST-ZIP:	
TITLE: V	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: JOHN M. FRANCK		5.2 NAME:	
STREET ADDRESS: ONE PARK PLAZA		5.3 STREET ADDRESS:	
CITY-STATE-ZIP: NASHVILLE TN		5.4 CITY-ST-ZIP:	
TITLE: DV	<input type="checkbox"/> DELETE	6.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: SCHWEINHART, RICHARD A		6.2 NAME: Elton, Rosalyn	
STREET ADDRESS: ONE PARK PLAZA		6.3 STREET ADDRESS:	
CITY-STATE-ZIP: NASHVILLE TN		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)(j), 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: _____ Date: **4/8/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____

CR2E034 (9/96)