

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tara B. Martin
Secretary of State
Division of Corporate Services

MAY - 1 PM 1:51

DOCUMENT # **S45582** (1)
COLUMBIA HOSPITAL CORPORATION OF MIAMI BEACH

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 201 W MAIN ST SUITE 2100 LOUISVILLE KY 40202 US		Mailing Address P O BOX 740035 ATTN: TAX DEPT LOUISVILLE KY 40201-435 US	
2. Principal Place of Residence 21 ONE PARK PLAZA		2a. Mailing Address 26 PO BOX 570	
22 Nashville TN		27 ATTN: TAX DEPT.	
23 37203		28 NASHVILLE TN	
24 37203		29 37202	

3. Date of Preparation of Report 04/16/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 75-2375281	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability for franchise tax under S. 222(1)(c), Florida Statute <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

DO NOT WRITE IN THIS SPACE

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 or Not Applicable				
B3					
B4	City, State				
			FL	B5	Zip Code

11. I, the undersigned, being duly qualified to act as an agent for the above named corporation, submit the statement for the purpose of changing its registered office as represented herein to the State of Florida. Such change was authorized by the corporation's board of directors, if any, or by the appointment of registered agent. I remain well and lawful and the change of office is in accordance with the Florida Statutes.

SIGNATURE OF REGISTERED AGENT: _____

12. OFFICERS AND DIRECTORS	13. AGENTS IN CHARGE OF REGISTERED OFFICE AND OFFICE STATE																																																						
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14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and that, to the best of my knowledge and belief, the information is true and correct. I am a resident of the State of Florida and I am duly qualified to act as an agent for the above named corporation. I remain well and lawful and the change of office is in accordance with the Florida Statutes.

SIGNATURE: *B. B. Martin* The President
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 01 1991

615-300-2151