

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

FILED

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
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DOCUMENT # S45582 (1)
 1. Corporation Name
COLUMBIA HOSPITAL CORPORATION OF MIAMI BEACH



Principal Place of Business ONE PARK PLAZA SUITE 2100 NASHVILLE TN 37203 US	Mailing Address ATTN: TAX DEPT P.O. BOX 670 - NASHVILLE TN 37202-0670 US
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3. Date Incorporated or Qualified 04/16/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 75-2375281	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 intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address PO Box 750
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State Nashville TN
23. Zip	28. Zip 37202
24. Country	29. Country USA

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
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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

TITLE	S <input type="checkbox"/> DELETE
NAME	JOHN M. FRANCK
STREET ADDRESS	ONE PARK PLAZA
CITY- ST- ZIP	NASHVILLE TN
TITLE	P <input type="checkbox"/> DELETE
NAME	MOEN, DANIEL J.
STREET ADDRESS	7975 NW 154TH ST, #400A
CITY- ST- ZIP	MIAMI LAKES FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	R. MILTON JOHNSON
STREET ADDRESS	ONE PARK PLAZA
CITY- ST- ZIP	NASHVILLE TN
TITLE	DV <input type="checkbox"/> DELETE
NAME	BRUAN, STEPHEN T
STREET ADDRESS	ONE PARK PLAZA
CITY- ST- ZIP	NASHVILLE TN
TITLE	VT <input type="checkbox"/> DELETE
NAME	COLBY, DAVID C.
STREET ADDRESS	ONE PARK PLAZA
CITY- ST- ZIP	NASHVILLE TN
TITLE	VAS <input type="checkbox"/> DELETE
NAME	SEIFERT, RACHEL A
STREET ADDRESS	ONE PARK PLAZA
CITY- ST- ZIP	NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fleetwood, Jim
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Donahay, Kenneth
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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]* DATE: **4/10/97**

CR2E034 (9/96)