

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90159 004 ***150.00

DOCUMENT # S45582

1. Entity Name
COLUMBIA HOSPITAL CORPORATION OF MIAMI BEACH

Principal Place of Business ONE PARK PLAZA SUITE 2100 NASHVILLE TN 37203 US	Mailing Address P.O BOX 750 P.O. BOX 570 NASHVILLE TN 37202 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **75-2375281** Applied For
 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DVPS Delete <input type="checkbox"/>	JOHN M. FRANCK ONE PARK PLAZA NASHVILLE TN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DVP Delete <input type="checkbox"/>	JOHNSON, R. M ONE PARK PLAZA NASHVILLE TN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DVP Delete <input type="checkbox"/>	MOORE, A. B ONE PARK PLAZA NASHVILLE TN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
AS Delete <input type="checkbox"/>	DENSON, DAVID L ONE PARK PLAZA NASHVILLE TN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
AS Delete <input type="checkbox"/>	BLACKWOOD, DORA A ONE PARK PLAZA NASHVILLE TN 37203	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP Delete <input type="checkbox"/>	GRUBBS, RONALD L ONE PARK PLAZA NASHVILLE TN 37203	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Denson **Assistant Secretary** Date: 3-9-01 Daytime Phone #: (415) 344-2575

CP2E034 (10/00)