

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 571240

1. Corporation Name
Columbia Hospital Corporation of South Miami

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 8-6-91 3a. Date of Last Report 5-1-95

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 One Park Plaza	26 P.O. Box 570	75-2390343	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Nashville, TN	28 Attn: Tax Dept.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 37203 Country US	29 Zip 37202 Country US	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
The Prentice-Hall Corporation System, Inc. 1201 Hays Street Tallahassee, FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 700001848067 -06/03/96--01049--025 84 City ***200.00 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 officer 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P Moen, Daniel
STREET ADDRESS		1.3 STREET ADDRESS	7975 NW 154th Street #400A
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami Lakes, FL 33016
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V Johnson, R. Milton
STREET ADDRESS		2.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	V/T/D Colby, David C.
STREET ADDRESS		3.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	V/AS/D Braun, Stephen T.
STREET ADDRESS		4.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	S Franck, John M.
STREET ADDRESS		5.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	V/D Schweinhart, Richard A.
STREET ADDRESS		6.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP		6.4 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: R. Milton Johnson R. Milton Johnson 4/4/96 (615)327-9551