

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S71240

1. Corporation Name
COLUMBIA HOSPITAL CORPORATION OF SOUTH MIAMI

Principal Place of Business

**ONE PARK PLAZA
NASHVILLE TN 37203
US**

Mailing Address

**PO BOX 750
ATTN: TAX DEPT
NASHVILLE TN 37202
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 9. Name and Address of Current Registered Agent

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

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. The hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required with fee if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ELTON, ROSALYN	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BLACKWOOD, DORA A	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	DSVA	<input checked="" type="checkbox"/> DELETE
NAME	DONAHEY, KENNETH	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, MILTON R	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	FRANCK, JOHN M	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	DVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
12 NAME	A. Bruce Moore		
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
22 NAME	David L. Denson		
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
32 NAME	Ronald Lec Grubbs		
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE	DVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

FILED
99 MAR 18 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/06/1991

4. FEI Number
75-2390343

5. Certificate of Status Desired Applied For Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

900002817159--4
-03/24/99--01076--011
******150.00 FL ****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED AGENT AND SIGNATURE AND TITLE OF OFFICER OR DIRECTOR

0520219

CR2E034 (11/98)

B 3/23/99 99AR

February 1, 1999

**OFFICERS AND DIRECTORS
OF
COLUMBIA HOSPITAL CORPORATION OF SOUTH MIAMI**

Jay Grinney	President	2	One Park Plaza Nashville, TN 37203
Chuck Hall	Senior Vice President		301 E. Las Olas Blvd., 4 th Fl. Ft. Lauderdale, FL 33301
Victor L. Campbell	Senior Vice President		One Park Plaza Nashville, TN 37203
Robert Waterman	Senior Vice President		One Park Plaza Nashville, TN 37203
David G. Anderson	Vice President and Treasurer		One Park Plaza Nashville, TN 37203
Bill Rutherford	Vice President		One Park Plaza Nashville, TN 37203
Rosalyn S. Elton	Vice President		One Park Plaza Nashville, TN 37203
*A. Bruce Moore	Vice President		One Park Plaza Nashville, TN 37203
V. Carl George	Vice President		One Park Plaza Nashville, TN 37203
* R. Milton Johnson	Vice President		One Park Plaza Nashville, TN 37203
*John M. Franck II	Vice President and Secretary		One Park Plaza Nashville, TN 37203
Jay Picerno	Vice President		301 E. Las Olas Blvd., 4 th Fl. Ft. Lauderdale, FL 33301
James D. Hinton	Vice President		One Park Plaza Nashville, TN 37203
Howard K. Patterson	Vice President		One Park Plaza Nashville, TN 37203
Lyle Reid	Vice President		One Park Plaza Nashville, TN 37203
Ronald Lee Grubbs	Vice President		One Park Plaza Nashville, TN 37203
Steven E. Clifton	Vice President and Assistant Secretary		One Park Plaza Nashville, TN 37203
Bettye D. Daugherty	Vice President and Assistant Secretary		One Park Plaza Nashville, TN 37203
Tom C. Gormley	Vice President		One Park Plaza Nashville, TN 37203

Mike T. Bray

Vice President

One Park Plaza
Nashville, TN 37203

Dora A. Blackwood

Assistant Secretary

One Park Plaza
Nashville, TN 37203

David L. Denson

Assistant Secretary

One Park Plaza
Nashville, TN 37203

Dianne Johnson

Assistant Secretary

One Park Plaza
Nashville, TN 37203

***Directors
(Florida)**

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, and Assistant Administrator of facilities owned and/or operated by this Corporation, are authorized by the Board of Directors of this Corporation to negotiate and enter into contracts and agreements necessary in the conduct of the day-to-day business of such facility, including, but not limited to, physician contracts, leases, purchase agreements, cost reports, etc., which with the advice of legal counsel, shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolution required in connection with such contracts and agreements.