

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

FILED

**May 09 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 # S84962 (7)

1. Corporation Name
EDWARD WHITE HOSPITAL, INC.



Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203	Mailing Address PO BOX 570 ATTN: TAX DEPT. NASHVILLE TN 37202-0570
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/03/1991	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. PO Box 750	4. FEI Number 59-3069836	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State Nashville TN	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 37202	29. Zip 37202	30. Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS ST. 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
			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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE BRAUN, STEPHEN ONE PARK PLAZA NASHVILLE TN 37203	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> DELETE GOLBY, DAVID G ONE PARK PLAZA NASHVILLE TN 37203	2.1 TITLE Donahay, Kenneth	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE SCHWEINHART, RICHARD A ONE PARK PLAZA NASHVILLE TN 37203	3.1 TITLE Elton, Rosalyn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	<input type="checkbox"/> DELETE JOHNSON, MILTON R ONE PARK PLAZA NASHVILLE TN 37203	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P	<input type="checkbox"/> DELETE MOEN, DANIEL 7975 NW 154TH ST. MIAMI LAKES FL 33016	5.1 TITLE Fleetwood, Jim	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input type="checkbox"/> DELETE FRANCK, JOHN M ONE PARK PLAZA NASHVILLE TN 37203	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DATE: _____ DAYTIME PHONE #: _____

CR2E034 (9/96)