

**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 # **S87017 (7)**  
1. Corporation Name  
**COLUMBIA HOSPITAL CORPORATION OF SOUTH FLORIDA**



Principal Place of Business: **ONE PARK PLAZA NASHVILLE TN 37203 US**  
Mailing Address: **P.O. BOX 570 ATTN: TAX DEPT NASHVILLE TN 37202 US**

3. Date Incorporated or Qualified: **10/14/1991**  
3a. Date of Last Report: \_\_\_\_\_  
4. FEI Number: **75-2397170**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
City & State (22, 27)  
Zip (23, 28)  
Country (24, 29)

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**

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	SPTD	<input type="checkbox"/> DELETE
NAME	COLBY, DAVID C.	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	VANDEWATER, DAVID	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	BRAUN, STEPHEN T.	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	SCHWEINHART, RICARDO	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	HEMPHILL, NEIL D	
STREET ADDRESS	201 WEST MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MOEN, DANIEL J	
STREET ADDRESS	7975 NW 154TH STREET	
CITY-ST-ZIP	MIAMI LAKES FL 33016	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Nashville, TN 37203	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	R. Milton Johnson	
2.3 STREET ADDRESS	One Park Plaza	
2.4 CITY-ST-ZIP	Nashville, TN 37203	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	Nashville, TN 37203	
4.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard Schweinhart	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	Nashville, TN 37203	
5.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	John M. Franck	
5.3 STREET ADDRESS	One Park Plaza	
5.4 CITY-ST-ZIP	Nashville, TN 37203	
6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	David T Vandewater	
6.3 STREET ADDRESS	One Park Plaza	
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: John Franck John Franck 4-4-96 (615) 327-9551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)