

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

CORPORATION  
ANNUAL REPORT  
1995



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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V53374** (7)

1. Corporate Name  
**COLUMBIA HOSPITAL CORPORATION-SMM**

Principal Place of Business:

201 W MAIN ST  
SUITE 2100  
LOUISVILLE KY 40202  
US

Mailing Address:

P O BOX 740035  
ATTN: TAX DEPT  
LOUISVILLE KY 40201-7435  
US

PLEASE WRITE IN THIS SPACE

3. Date the corporation was created: **07/27/1992**  
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business:  
21 **ONE PARK PLAZA**

2a. Mailing Address:  
26 **PO BOX 570**

4. FEI Number: **75-2439658**  
Applied For:  Not Applicable

State, Apt # etc:

27 **ATTN: TAX DEPT.**

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

23 **NASHVILLE TN**

28 **NASHVILLE TN**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

24 **37203**

29 **37202**

7. This corporation has liability for intangible tax under s. 197.012, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of law found in s. 207.01 and 207.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for the State of Florida. Such change was authorized by the corporation's board of directors, if any, or by the appointment of a registered agent for the State of Florida, if any, as required by the provisions of law found in s. 207.01, Florida Statutes.

SIGNATURE

Signature of the Registered Agent of the Corporation

Signature of the Agent of the Corporation to be Registered

12. OFFICERS AND DIRECTORS	
NAME	<b>P SCOTT, RICHARD</b>
STREET ADDRESS	<b>201 WQ MAIN ST</b>
CITY	<b>LOUISVILLE KY</b>
NAME	<b>P MOEN, DANIEL J.</b>
STREET ADDRESS	<b>7975 NW 154TH ST, #400A</b>
CITY	<b>MIAMI LAKES FL</b>
NAME	<b>DVAS BRAUN, STEPHEN T</b>
STREET ADDRESS	<b>201 W MAIN ST</b>
CITY	<b>LOUISVILLE KY</b>
NAME	<b>DVT COLBY, DAVID C</b>
STREET ADDRESS	<b>201 W MAIN ST</b>
CITY	<b>LOUISVILLE KY</b>
NAME	<b>V GRECO, SAMUEL A</b>
STREET ADDRESS	<b>201 W MAIN ST</b>
CITY	<b>LOUISVILLE KY</b>
NAME	<b>VAS SEIFERT, RACHEL A</b>
STREET ADDRESS	<b>201 W MAIN ST</b>
CITY	<b>LOUISVILLE KY</b>

13. ADDITIONAL OWNERS, OFFICERS AND DIRECTORS	
NAME	<b>P DAVID T. VANDEWATER</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>
CITY	<b>NASHVILLE TN 37203</b>
NAME	<b>DSUP RICHARD A. SCHNEINHART</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>
CITY	<b>NASHVILLE TN 37203</b>
NAME	<b>ONE PARK PLAZA</b>
STREET ADDRESS	<b>NASHVILLE TN 37203</b>
NAME	<b>ONE PARK PLAZA</b>
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NAME	<b>ONE PARK PLAZA</b>
STREET ADDRESS	<b>NASHVILLE TN 37203</b>

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in s. 207.01, Florida Statutes. Further, I certify that the information is true and correct, and that the annual report or supplemental annual report is true and correct, and that the corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the registered agent of the corporation, and that I am filing this report as required by Chapter 207, Florida Statutes, and that my filing complies with the provisions of s. 207.01, Florida Statutes.

SIGNATURE: *[Signature]* Vice President

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AFS 80 05

415-330-2151