

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V53374** (7)

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



Principal Place of Business: **ONE PARK PLAZA SUITE 2100 NASHVILLE TN 37203 US**  
Mailing Address: **ATTN: TAX DEPT. P.O. BOX 570 NASHVILLE TN 37202 US**

3. Date Incorporated or Qualified: **07/27/1992**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business  
21 **One Park Plaza**  
22 Suite, Apt. #, etc.  
23 **Nashville TN**  
24 **37203** 25 **US**

4. FEI Number: **75-2439658**  
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

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 \_\_\_\_\_ 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	<b>P</b>	1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCOTT, RICHARD</b>	1.2 NAME	<b>Daria T Vandewater</b>
STREET ADDRESS	<b>201 WQ MAIN ST</b>	1.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	1.4 CITY-ST-ZIP	<b>nashville TN 37203</b>
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOEN, DANIEL J.</b>	2.2 NAME	
STREET ADDRESS	<b>7975 NW 154TH ST, #400A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DVAS</b>	3.1 TITLE	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAUN, STEPHEN T</b>	3.2 NAME	<b>Stephen T. Braun</b>
STREET ADDRESS	<b>201 W MAIN ST</b>	3.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	3.4 CITY-ST-ZIP	<b>nashville TN 37203</b>
TITLE	<b>DVT</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLBY, DAVID C</b>	4.2 NAME	
STREET ADDRESS	<b>201 W MAIN ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b>	5.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRECO, SAMUEL A</b>	5.2 NAME	<b>John M Franck</b>
STREET ADDRESS	<b>201 W MAIN ST</b>	5.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	5.4 CITY-ST-ZIP	<b>nashville TN 37203</b>
TITLE	<b>VAS</b>	6.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SEIFERT, RACHEL A</b>	6.2 NAME	<b>Emilton Johnson</b>
STREET ADDRESS	<b>201 W MAIN ST</b>	6.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	6.4 CITY-ST-ZIP	<b>nashville TN 37203</b>

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date \_\_\_\_\_ Daytime Phone # **(615) 327-9551**

CR2E034 (12/95)