

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
Feb 07 1997 8:00 am
Secretary of State

DOCUMENT # 373650 (1)
1. Corporation Name
PALM BEACH GARDENS COMMUNITY HOSPITAL, INC.



Principal Place of Business
**3360 BURNS RD
PALM BEACH GARDENS FL 33410
US**

Mailing Address
**3360 BURNS RD
PALM BEACH GARDENS FL 33410-4323
US**

3. Date Incorporated or Qualified **12/04/1970** 3a. Date of Last Report **06/22/1996**

| | | | |
|--------------------------------|------------------------------|--|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 Suite, Apt. #, etc. | 26 c/o Mary H. Yumibe | 59-1223933 | Not Applicable |
| 22 City & State | 27 3820 State Street | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 Zip | 28 Los Angeles, CA | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 Country | 29 93105 | 30 USA | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 84 City |
| | 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 | EVP <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, W. RANDOLPH | 1.2 NAME | |
| STREET ADDRESS | 5757 N DIXIE | 1.3 STREET ADDRESS | 14001 Dallas Parkway |
| CITY-ST-ZIP | FT LAUDERDALE FL | 1.4 CITY-ST-ZIP | Dallas, TX 75240 |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOCHT, MICHAEL SR | 2.2 NAME | 300002081553-1 |
| STREET ADDRESS | 3920 STATE ST | 2.3 STREET ADDRESS | -02/07797--01077--021 |
| CITY-ST-ZIP | SANTA BARBARA CA 93105 | 2.4 CITY-ST-ZIP | ****165.00 ****165.00 |
| TITLE | VP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEIGMAN, DON | 3.2 NAME | |
| STREET ADDRESS | 5757 NORTH DIXIE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 3.4 CITY-ST-ZIP | |
| TITLE | AT <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ABDUL, EDWARD W, JR | 4.2 NAME | |
| STREET ADDRESS | 14001 DALLAS PKWY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DALLAS TX 75240 | 4.4 CITY-ST-ZIP | |
| TITLE | VSD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, SCOTT M | 5.2 NAME | |
| STREET ADDRESS | 3820 STATE ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANTA BARBARA FL 93105 | 5.4 CITY-ST-ZIP | |
| TITLE | EVP <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FETTER, TREVOR | 6.2 NAME | |
| STREET ADDRESS | 3820 STATE ST | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANTA BARBARA FL 93105 | 6.4 CITY-ST-ZIP | |

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: *Scott M. Brown* **Scott M. Brown, Secretary** 1/31/97 805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)