

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 MAR -2 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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
**C/O MARY H. YUMIBE
3820 STATE STREET
LOS ANGELES CA 93105**

3. Date Incorporated or Qualified
12/04/1970

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1223933		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.			
23		28		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	Zip	25	Country	29	Zip	30	Country

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	FL	85

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 _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP	1.1 TITLE	AS
NAME	SMITH, W. RANDOLPH	1.2 NAME	Alan Lundgren
STREET ADDRESS	14001 DALLAS PARKWAY	1.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	DALLAS TX 75240	1.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	P	2.1 TITLE	
NAME	FOCHT, MICHAEL SR	2.2 NAME	
STREET ADDRESS	3820 STATE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
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	6.1 TITLE	
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	

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~~03/04/98~~ **01/02/02**
******150.00 ****150.00**

14. I 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

CR2E034 (10/97)