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FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V69317 (8)

1. Corporation Name
HAMILTON MEMORIAL HOSPITAL, INC.



Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37209 US	Mailing Address P.O. BOX 570 -ATTN: TAX DEPT NASHVILLE TN 37202-0570 US
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3. Date Incorporated or Qualified 10/07/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 61-1227423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address PO Box 750	27. Suite, Apt. #, etc.	28. City & State Nashville TN	29. Zip 37202	30. Country USA
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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

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 P	<input type="checkbox"/> DELETE
NAME MOEN, DANIEL J	
STREET ADDRESS 7975 NW 154TH	
CITY-ST-ZIP MIAMI LAKES FL	
TITLE DSVT	<input type="checkbox"/> DELETE
NAME COLBY, DAVID C	
STREET ADDRESS ONE PARK PLAA	
CITY-ST-ZIP NASHVILLE TN	
TITLE DV	<input type="checkbox"/> DELETE
NAME BRAUN, STEPHEN T	
STREET ADDRESS ONE PARK PLAZA	
CITY-ST-ZIP NASHVILLE TN	
TITLE DSVP	<input type="checkbox"/> DELETE
NAME SCHWEINHART, RICHARD A	
STREET ADDRESS ONE PARK PLAZA	
CITY-ST-ZIP NASHVILLE TN	
TITLE S	<input type="checkbox"/> DELETE
NAME FRANCK, JOHN M	
STREET ADDRESS ONE PARK PLAZA	
CITY-ST-ZIP NASHVILLE TN	
TITLE VP	<input type="checkbox"/> DELETE
NAME JOHNSON, R. M	
STREET ADDRESS ONE PARK PLAZA	
CITY-ST-ZIP NASHVILLE TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Fleetwood, Jim
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Donahay, Kenneth
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	Elton, Rosalyn
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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: *[Signature]* DATE: **4/10/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)