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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

Registrant Name Greenberg Traurig, LLP			
2. Registrant Address		Suite 500 OC 20006	
3. Principal Place of Business (if differen	t from line 2)		
City	State/Zip (or Country)		
4. Contact Name Nancy E. Taylor	•	(optional) rn@gtlaw.com	5. Senate ID # 16896-1332
7. Client Name Self Community Health Systems,	Inc.		6. House ID # 31595117
9. Check if this filing amends a p 10. Check if this is a Termination	reviously filed version of thi Report >> Termination	n Date	11. No Lobby
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Signature		7		/	 		
Printed Name and Title	Nancy F	E. Taylor	- Shareholde	<u>r</u>	 	P	'ê

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Clien	ıt Name:	Community Health Systems, Inc.	
engag	ged in lobbyin	IVITY. Select as many codes as necessary on behalf of the client during the reporting ested. Attach additional page(s) as needed	y to reflect the general issue areas in which the registrant ng period. Using a separate page for each code, provide i.
16.	General issue Specific Lobb Medicare iss Medicare Re Medicaid TORT Refor	ying issues nes form	
17.		Congress and Federal agencies contacted of Health & Human Services oresentatives	☐ Check if None
18.	Name of each	individual who acted as a lobbyist in this	issue area Covered Official Position (if applicable)
	Kolton, Elea	nor	
	Rocco, Holly		
	Taylor, Nan	cy E.	
19.	Interest of ea	ch foreign entity in the specific issues list	ed on line 16 above 🛮 🗷 Check if None
c:~.	/	MMM Jau Filing #b9ed6d93-9d5e-4995-81a0-a	Date 8/9/2004 Octd47c749cf - Page 3 of 4

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