FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001433 (2)**

1. Corporation Name

HCA HOME AND CLINICAL SERVICES, INC.

Principal Place of Business	Mailing Address
ONE PARK PLAZA NASHVILLE TN 37202-0550	P.O. BOX 550 NASHVILLE TN 37202-0550

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/16/1993**
3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **62-1297330**	☐ Applied For ☐ Not Applicable
21	26 PO BOX 570		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ATTN: TAX DEPT	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 NASHVILLE TN	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 37202 / Country 30	8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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	PD	11 TITLE	P	☒ Change ☐ Addition
NAME	JACOBS, JOEY A.	12 NAME	VANDEWATER, DAVID T.	
STREET ADDRESS	ONE PARK PLAZA	13 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	14 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VD	21 TITLE	SVSD	☒ Change ☐ Addition
NAME	MERCY, SCOTT L	22 NAME	BRAUN, STEPHEN T.	
STREET ADDRESS	ONE PARK PLAZA	23 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	24 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	31 TITLE	SVTD	☒ Change ☐ Addition
NAME	FLEMING, EUGENE C	32 NAME	COLBY, DAVID C.	
STREET ADDRESS	ONE PARK PLAZA	33 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	34 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	S	41 TITLE	SVD	☒ Change ☐ Addition
NAME	DAUGHERTY, BETTYE D	42 NAME	SCHWEINHART, RICHARD A.	
STREET ADDRESS	ONE PARK PLAZA	43 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	44 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	T	51 TITLE		☒ Change ☐ Addition
NAME	SWAIN, DON D	52 NAME		
STREET ADDRESS	ONE PARK PLAZA	53 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37203	54 CITY-ST-ZIP		
TITLE		61 TITLE		☒ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 the 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: BDEwoldt Brandi D Ewoldt 615-320 2151
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0448482 FP

December 30, 1994

F9300001433

OFFICERS AND DIRECTORS
OF
HCA HOME AND CLINICAL SERVICES, INC.

David T. Vandewater	President	201 West Main Street Louisville, KY 40202
*Stephen T. Braun	Senior Vice President and Secretary	201 West Main Street Louisville, KY 40202
*David C. Colby	Senior Vice President and Treasurer	201 West Main Street Louisville, KY 40202
Joseph D. Moore	Senior Vice President	One Park Plaza Nashville, TN 37203
David J. Malone, Jr.	Vice President	One Park Plaza Nashville, TN 37203
*Richard A. Schweinhart	Senior Vice President	201 West Main Street Louisville, KY 40202
David G. Anderson	Vice President and Assistant Treasurer	201 West Main Street Louisville, KY 40202
David Bradford	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Ashby Q. Burks	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Bettye J. Daugherty	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Brandi D. Ewoldt	Vice President	500 West Main St., 10th Floor Louisville, KY 40202
James D. Hinton	Vice President	1401 Mitchell Avenue Jeffersonville, IN 47131
Rachel A. Seifert	Vice President and Assistant Secretary	201 West Main Street Louisville, KY 40202
Linda J. McDonald	Assistant Secretary	201 West Main Street Louisville, KY 40202

*Directors
(Tennessee)
Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, and Assistant Administrator of facilities owned and/or operated by this Corporation, are authorized by the Board of Directors of this Corporation to negotiate and enter into contracts and agreements necessary in the conduct of the day-to-day business of such facility, including, but not limited to, physician contracts, leases, purchase agreements, etc., which with the advice of legal counsel, shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolution required in connection with such contracts and agreements.