

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001433

1. Corporation Name

HCA HOME AND CLINICAL SERVICES, INC.

Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37202-0550

Mailing Address

P.O. BOX 750
NASHVILLE TN 37202
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 title, if applicable.

(NOTE: Registered Agent's signature and name, with all applicable titles, must be typed or printed.)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
AS	BLACKWOOD, DORA A	ONE PARK PLAZA	NASHVILLE TN
DSVT	DONAHEY, KENNETH	ONE PARK PLAZA	NASHVILLE TN
DV	ELTON, ROSALYN	ONE PARK PLAZA	NASHVILLE TN
VP	R. MILTON JOHNSON	ONE PARK PLAZA	NASHVILLE TN
DVPS	FRANCK, II J. M.	ONE PARK PLAZA	NASHVILLE TN

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
AS	David L. Denson		
DVP	A. Bruce Moore		
VP	Ronald Lee Grubbs		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

99 APR -2 PM 2:49

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1993

4. FEI Number

62-1297330

Apply For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition

12 NAME [] Change [] Addition

13 STREET ADDRESS [] Change [] Addition

14 CITY-STATE-ZIP [] Change [] Addition

15 TITLE [] Change [] Addition

16 NAME [] Change [] Addition

17 STREET ADDRESS [] Change [] Addition

18 CITY-STATE-ZIP [] Change [] Addition

19 TITLE [] Change [] Addition

20 NAME [] Change [] Addition

21 STREET ADDRESS [] Change [] Addition

22 CITY-STATE-ZIP [] Change [] Addition

04/02/99-01084-017
***\$150.00 ***\$150.00
[] Change [] Addition



3-2A-99

CR2E034 (11/98)