

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90117 016 ***150.00

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DOCUMENT # F93000001433

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **62-1297330**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VP	MOORE, A. BRUCE	ONE PARK PLAZA	NASHVILLE TN 37203	<input type="checkbox"/>	VP	MOORE, A. BRUCE	ONE PARK PLAZA	NASHVILLE TN 37203	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	R. MILTON JOHNSON	ONE PARK PLAZA	NASHVILLE TN 37203	<input type="checkbox"/>	VP	R. MILTON JOHNSON	ONE PARK PLAZA	NASHVILLE TN 37203	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPS	FRANCK, II J. M.	ONE PARK PLAZA	NASHVILLE TN 37203	<input type="checkbox"/>	VPS	FRANCK, II J. M.	ONE PARK PLAZA	NASHVILLE TN 37203	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	AS	David Denson	ONE Park Plaza	Nashville TN 37203	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Denson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Denson
Assistant Secretary

3-9-01

Date

(615) 344-2575

Daytime Phone #

CR2E034 (10/00)