

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # F93000005573 (1)

1. Corporation Name
COLUMBIA/HCA HEALTHCARE CORPORATION



Principal Place of Business: **ONE PARK PLAZA NASHVILLE TN 37203 US**
Mailing Address: **P.O. BOX 570 ATTN: TAX DEPT NASHVILLE TN 37202 US**

3. Date Incorporated or Qualified: **12/08/1993** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **75-2497104** Applied 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24 Country: 25 Zip: 29 Country: 30

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 **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

Signature (typed or printed name of registered agent, if applicable)

Typed Name of Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> DELETE
NAME	FRIST, JR. M THOMAS	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	SCOTT, RICHARD L	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	VANDEWATER, DAVID T.	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	BRAUN, STEPHEN T.	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRECO, SAMUEL A	
STREET ADDRESS	201 WEST MAIN STREET	
CITY - ST - ZIP	LOUISVILLE KY	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	FRIST, THOMAS F	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P Thomas Frist, Jr
1.3 STREET ADDRESS	One Park Plaza
1.4 CITY - ST - ZIP	Nashville TN 37203
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/P
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S John M Franck
3.3 STREET ADDRESS	One Park Plaza
3.4 CITY - ST - ZIP	Nashville TN 37203
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V/T David Colby
6.3 STREET ADDRESS	One Park Plaza
6.4 CITY - ST - ZIP	Nashville TN 37203

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 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: *Stephen Braun* VP Stephen Braun

(615)327-9551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone #

CR2E034 (12/95)