

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F93000005573 (1)

1. Corporation Name
COLUMBIA/HCA HEALTHCARE CORPORATION

FILED.

98 MAY -1 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**ONE PARK PLAZA
NASHVILLE TN 37203
US**

Mailing Address
**P.O BOX 750
NASHVILLE TN 37202
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/08/1993

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D FRIST, JR. M THOMAS**

STREET ADDRESS **ONE PARK PLAZA**

CITY-ST-ZIP **NASHVILLE TN**

TITLE DELETE

NAME ~~SCOTT, RICHARD L~~

STREET ADDRESS ~~ONE PARK PLAZA~~

CITY-ST-ZIP ~~NASHVILLE TN~~

TITLE DELETE

NAME **S FRANCK, JOHN M**

STREET ADDRESS **ONE PARK PLAZA**

CITY-ST-ZIP **NASHVILLE TN**

TITLE DELETE

NAME ~~BRAUN, STEPHEN T.~~

STREET ADDRESS ~~ONE PARK PLAZA~~

CITY-ST-ZIP ~~NASHVILLE TN~~

TITLE DELETE

NAME ~~OREGO, SAMUEL A~~

STREET ADDRESS ~~201 WEST MAIN STREET~~

CITY-ST-ZIP ~~LOUISVILLE KY~~

TITLE DELETE

NAME **AT DONAHEY, KENNETH**

STREET ADDRESS **ONE PARK PLAZA**

CITY-ST-ZIP **NASHVILLE TN**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE Change Addition

12 NAME **VP Steven E.**

13 STREET ADDRESS **Offton, Steven**

14 CITY-ST-ZIP **One Park Plaza Nashville TN 37203**

21 TITLE Change Addition

22 NAME **Bovender, Jack O. Jr.**

23 STREET ADDRESS **One Park Plaza**

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME **300002515469-2**

33 STREET ADDRESS **-05/07/98--01076--013**

34 CITY-ST-ZIP ******150.00 ****150.00**

41 TITLE Change Addition

42 NAME **SVP Campbell, Victor L.**

43 STREET ADDRESS **One Park Plaza**

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME **SVP Waterman, Robert A.**

53 STREET ADDRESS **One Park Plaza**

54 CITY-ST-ZIP **Nashville TN 37203**

61 TITLE Change Addition

62 NAME **SVP**

63 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 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.

CR2E034 (10/97)