

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

0623170

• PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F93000005573

1. Corporation Name
COLUMBIA/HCA HEALTHCARE CORPORATION

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

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 607.1508, 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 and brief applicable

(NOTE: Registered Agent's name must be typed or printed)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	FRIST, JR. M THOMAS	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VP	[] DELETE
NAME	CLIFTON, STEVEN E	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	S	[] DELETE
NAME	FRANCK, JOHN M	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	SV	[] DELETE
NAME	CAMPBELL, VICTOR L	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	SV	[] DELETE
NAME	WATERMAN, ROBERT A	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

99 APR -2 PM 2:20
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/08/1993

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 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 City

84 City

FL 85 Zip Code

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(3)(g), 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 my attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-99

CR2E034 (11/98)