

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90023 048 \*\*\*150.00


**DOCUMENT # F93000005573**

1. Entity Name  
**COLUMBIA/HCA HEALTHCARE CORPORATION**

Principal Place of Business <b>ONE PARK PLAZA          NASHVILLE TN 37203          US</b>	Mailing Address <b>P.O BOX 750          NASHVILLE TN 37202-0750          US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>75-2497104</b>	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 \_\_\_\_\_ (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.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRIST, JR. M THOMAS</b>	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CLIFTON, STEVEN E</b>	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	
CITY-ST-ZIP	<b>NASHVILLE TN 37203</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FRANCK, JOHN M</b>	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	<b>SV</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, VICTOR L</b>	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	<b>SV</b>	<input type="checkbox"/> Delete
NAME	<b>WATERMAN, ROBERT A</b>	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	
CITY-ST-ZIP	<b>NASHVILLE TN 37203</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** John M. Franck II **3-16-00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #