

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J19100 (3)**
1. Corporation Name
HCA DEVELOPMENT CORPORATION OF FLORIDA



Principal Place of Business: **ONE PARK PLAZA, P.O. BOX 550, NASHVILLE TN 37203, US**
Mailing Address: **P.O. BOX 570, ATTN: TAX DEPT, NASHVILLE TN 37202, US**

2. Principal Place of Business: **One Park Plaza**
21. Suite, Apt. #, etc.:
22. City & State: **Nashville, TN**
23. Zip: **37203** 25. Country: **US**
24. Mailing Address: **P.O. BOX 570**
26. Suite, Apt. #, etc.:
27. City & State:
28. Zip: 29. Country: 30.

3. Date incorporated or Qualified: **06/11/1986** 3a. Date of Last Report: **04/21/1995**
4. FEI Number: **62-1282927** 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

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	MOEN, DANIEL J.	ONE PARK PLAZA	NASHVILLE TN	<input type="checkbox"/>
DS	BRAUN, STEPHEN T.	ONE PARK PLAZA	NASHVILLE TN	<input type="checkbox"/>
DT	COLBY, DAVID C.	ONE PARK PLAZA	NASHVILLE TN	<input type="checkbox"/>
DSV	SCHWEINHART, RICHARD A.	ONE PARK PLAZA	NASHVILLE TN	<input type="checkbox"/>
V	MOORE, JOSEPH D.	ONE PARK PLAZA	NASHVILLE TN	<input checked="" type="checkbox"/>
S	DAUGHERTY, BETTYE D.	ONE PARK PLAZA	NASHVILLE TN	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1	MOEN, DANIEL	7976 NW 154th St. #400A	Miami Lakes, FL 33016	<input checked="" type="checkbox"/>
2.1	V/A/S/D BRAUN, STEPHEN T.	ONE PARK PLAZA	NASHVILLE, TN 37203	<input checked="" type="checkbox"/>
3.1	V/D/T COLBY, DAVID C.	ONE PARK PLAZA	NASHVILLE, TN 37203	<input checked="" type="checkbox"/>
5.1	S FRANCK, JOHN M.	ONE PARK PLAZA	NASHVILLE, TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1	V JOHNSON, MILTON	ONE PARK PLAZA	NASHVILLE, TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: R. Milton Johnson 4/3/96 615-327-9551
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)