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Secretary of State

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U04R0302

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **K91830**

1. Corporation Name
HCA HOLDINGS, INC.



Principal Place of Business
**10 FAIRWAY DRIVE
 STE 307
 DEERFIELD BEACH FL 33441
 US**

Mailing Address
**10 FAIRWAY DRIVE
 STE 307
 DEERFIELD BEACH FL 33441
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
05/30/1989

4. FEI Number
65-0131902

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

9. Name and Address of Current Registered Agent
**DOGGETT, RICHARD G.
 10 FAIRWAY DRIVE
 STE 307
 DEERFIELD BEACH FL 33441**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	S/D/T
NAME	DOGGETT, RICHARD G.	1.2 NAME	
STREET ADDRESS	10 FAIRWAY DR, STE 307	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	P/D
NAME		2.2 NAME	DAVID MEEK
STREET ADDRESS		2.3 STREET ADDRESS	10 FAIRWAY DRIVE #307
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE		3.1 TITLE	V/D
NAME		3.2 NAME	JAMES P. LUPFER
STREET ADDRESS		3.3 STREET ADDRESS	10 FAIRWAY DRIVE #307
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Sec. 15A/N 99 (95K) 480-9100

CR2E034 (11/98)