

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

FILED

Aug 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L92215 (7)
1. Corporation Name
HCA BAYONET POINT-HUDSON MEDICAL CENTER AUXILIAR
Y, INC.

Principal Place of Business 14000 FIVAY RD HUDSON FL 34867-7103	Mailing Address 14000 FIVAY RD HUDSON FL 34867-7103
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1990		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3043544		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MILLER, DANIEL 14000 FIVAY RD HUDSON FL 34867				10. Name and Address of New Registered Agent			
				81 Name RICE, THOMAS			
				82 Street Address (P.O. Box Number is Not Acceptable) 14000 FIVAY ROAD			
				83			
				84 City HUDSON			
				85 Zip Code FL 34667			

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 *Thomas Rice*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICE, THOMAS			1.2 NAME			
STREET ADDRESS	14000 FIVAY ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	HUDSON FL			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STRICKLAND, BOB			2.2 NAME			
STREET ADDRESS	14000 FIVAY RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	HUDSON FL			2.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SURACE, BLANCHE			3.2 NAME			
STREET ADDRESS	14000 FIVAY ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	HUDSON FL			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITEMORE, JOHN			4.2 NAME			
STREET ADDRESS	1400 FIVAY RD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	HUDSON FL			4.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DURHAM, KAY			5.2 NAME			
STREET ADDRESS	1400 FIVAY RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	HUDSON FL			5.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HACKETT, LOUISE			6.2 NAME			
STREET ADDRESS	14000 FIVAY RD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	HUDSON FL			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE *John P. St. John*

8/4/97

CR2E034 (9/96)