

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 21 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P07651** (3)

1. Corporation Name  
**HCA PHYSICIAN SERVICES, INC.**

Principal Place of Business Mailing Address  
**ONE PARK PLAZA NASHVILLE TN 37203**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26 <b>PO BOX 570</b>		<b>10/04/1985</b>	<b>02/15/1994</b>
22 Suite, Apt. #, etc.		27 <b>ATTN: TAX DEPT.</b>		4. FEI Number	Applied For
23 City & State		28 <b>NASHVILLE TN</b>		<b>62-1252273</b>	Not Applicable
24 Zip		29 <b>37202</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				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				10. Name and Address of New Registered Agent			
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 title if applicable) (NOTE: Registered Agent signature required when recasting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, JOSEPH D.</b>	1.2 NAME	<b>VANDEWATER, DAVID T.</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	1.4 CITY - ST - ZIP	
TITLE	<b>S</b>	2.1 TITLE	<b>SVSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAUGHERTY, BETTYE D.</b>	2.2 NAME	<b>BRAUN, STEPHENT.</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	2.4 CITY - ST - ZIP	
TITLE	<b>TV</b>	3.1 TITLE	<b>SVTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOTSON, CYNTHIA</b>	3.2 NAME	<b>COLBY, DAVID C.</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<b>SVD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBS, JOEY A</b>	4.2 NAME	<b>SCHWEINHART, RICHARD A.</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEMING, EUGENE C</b>	5.2 NAME	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WICKLIFFE, LYNE S</b>	6.2 NAME	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	6.4 CITY - ST - ZIP	

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 110.07(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: Brandi D Edwoldt Date: 6/15/90-2/15/1  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (day, month, year)

PO 7651

**OFFICERS AND DIRECTORS  
OF  
MCA PHYSICIAN SERVICES, INC.**

David T. Vandewater	President	201 West Main Street Louisville, KY 40202
*Stephen T. Braun	Senior Vice President and Secretary	201 West Main Street Louisville, KY 40202
*David C. Colby	Senior Vice President and Treasurer	201 West Main Street Louisville, KY 40202
Joseph D. Moore	Senior Vice President	One Park Plaza Nashville, TN 37203
David J. Malone, Jr.	Vice President	One Park Plaza Nashville, TN 37203
*Richard A. Schwainhart	Senior Vice President	201 West Main Street Louisville, KY 40202
David G. Anderson	Vice President and Assistant Treasurer	201 West Main Street Louisville, KY 40202
Ashby Q. Burks	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Bettye J. Daugherty	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Brandi D. Ewoldt	Vice President	500 West Main St., 10th Floor Louisville, KY 40202
James D. Hinton	Vice President	201 West Main Street Louisville, KY 40202
Rachel A. Selfert	Vice President and Assistant Secretary	201 West Main Street Louisville, KY 40202
David Bradford	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Linda J. McDonald	Assistant Secretary	201 West Main Street Louisville, KY 40202

**\*Directors  
(Tennessee)**

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, and Assistant Administrator of facilities owned and/or operated by this Corporation, are authorized by the Board of Directors of this Corporation to negotiate and enter into contracts and agreements necessary in the conduct of the day-to-day business of such facility, including, but not limited to, physician contracts, leases, purchase agreements, etc., which with the advice of legal counsel, shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolution required in connection with such contracts and agreements.