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PROFIT CORPORATION ANNUAL REPORT 1999

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



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DOCUMENT # **P15442**
 1. Corporation Name
HEALTHTRUST, INC. - THE HOSPITAL COMPANY



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

Mailing Address
**PO BOX 750
 NASHVILLE TN 37202
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified **08/03/1987**

4. FEI Number **62-1234332** 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 owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

81 Name
 82 Street Address (P.O. Box Numbers 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 _____ Signature, typed or printed name of registered agent and board of directors

12. OFFICERS AND DIRECTORS

TITLE	AS	[] DELETE
NAME	BLACKWOOD, DORA A	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DSVT	X DELETE
NAME	DONAHEY, KENNETH	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VD	X DELETE
NAME	ELTON, ROSALYN	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	[] DELETE
NAME	JOHNSON, MILTON	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	DVPS	[] DELETE
NAME	FRANCK, JOHN M II	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	AS	[] Change	X Addition
12 NAME	David L. Danson		
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE	DVP	[] Change	X Addition
22 NAME	A. Bruce Moore		
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE	VP	[] Change	X Addition
32 NAME	Ronald Lee Grubbs		
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE	DVP	X Change	[] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		[] Change	[] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[] Change	[] Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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 ***150.00 ***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g) 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99

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