

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90117 021 \*\*\*150.00

0665358

**DOCUMENT # P15442**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**62-1234332**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	AS <input type="checkbox"/> Delete	TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENSON, DAVID L	NAME	Robert Waterman
STREET ADDRESS	ONE PARK PLAZA	STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	NASHVILLE TN	CITY-ST-ZIP	Nashville TN 37203
TITLE	P <input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, A. BRUCE	NAME	
STREET ADDRESS	ONE PARK PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBBS, RONALD LEE	NAME	
STREET ADDRESS	ONE PARK PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MILTON	NAME	
STREET ADDRESS	ONE PARK PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCK, JOHN M II	NAME	
STREET ADDRESS	ONE PARK PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	DVPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	David G. Anderson
STREET ADDRESS		STREET ADDRESS	One Park Plaza
CITY-ST-ZIP		CITY-ST-ZIP	Nashville TN 37203

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David Denson**  
**Assistant Secretary**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-01 (615) 344-2575  
Date Daytime Phone #

CR2E034 (10/00)