

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90329 042 \*\*\*150.00

**DOCUMENT # 698290**

1. Entity Name  
**HCA HEALTH SERVICES OF FLORIDA, INC.**



Principal Place of Business

**ONE PARK PLAZA**  
~~PO BOX 550~~  
**NASHVILLE TN 37203**  
**US**

Mailing Address

**PO BOX 750**  
~~ATTN: TAX DEPT.~~  
**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

**37202-0750**

4. FEI Number **62-1113740**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

**11030359**



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ~~AS~~ ☐ Delete  
NAME **BLACKWOOD, DORA A**  
STREET ADDRESS **ONE PARK PLAZA**  
CITY-ST-ZIP **NASHVILLE TN**

TITLE ~~AS~~ ☐ Delete  
NAME **DENSON, DAVID L**  
STREET ADDRESS **ONE PARK PLAZA**  
CITY-ST-ZIP **NASHVILLE TN 37203**

TITLE ~~DVP~~ ☐ Delete  
NAME ~~MOORE, A. BRUCE~~  
STREET ADDRESS **ONE PARK PLAZA**  
CITY-ST-ZIP **NASHVILLE TN 37203**

TITLE ~~VP~~ ☐ Delete  
NAME **GRUBBS, RONALD L**  
STREET ADDRESS **ONE PARK PLAZA**  
CITY-ST-ZIP **NASHVILLE TN**

TITLE ~~DVP~~ ☐ Delete  
NAME **JOHNSON, R. MILTON**  
STREET ADDRESS **ONE PARK PLAZA**  
CITY-ST-ZIP **NASHVILLE TN**

TITLE ~~DVPS~~ ☐ Delete  
NAME ~~FRANK, JOHN M II~~  
STREET ADDRESS **ONE PARK PLAZA**  
CITY-ST-ZIP **NASHVILLE TN 37203**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPAS** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPAS** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **J. BRUCE MOORE, JR** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **JOHN M. FRANK II** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\*\* SEE ATTACHED LIST**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-03 615/344-2162**

Date Daytime Phone #

CR2E034 (10/02)

April 1, 2003

**OFFICERS AND DIRECTORS  
OF  
HCA HEALTH SERVICES OF FLORIDA, INC.**

attach 698896  
11030359  
Jay Grinney

President

One Park Plaza  
Nashville, TN 37203

Dan Miller

Senior Vice President

31975 U.S. Highway 19 North  
Palm Harbor, FL 34684

Steve Royal

Senior Vice President

301 East Las Olas Blvd., 4<sup>th</sup> Floor  
Ft. Lauderdale, FL 33301

Robert A. Waterman

Senior Vice President

One Park Plaza  
Nashville, TN 37203

David G. Anderson

Vice President and Treasurer

One Park Plaza  
Nashville, TN 37203

Dora A. Blackwood

Vice President and Assistant Secretary

One Park Plaza  
Nashville, TN 37203

Mike T. Bray

Vice President

One Park Plaza  
Nashville, TN 37203

Steven E. Clifton

Vice President and Assistant Secretary

One Park Plaza  
Nashville, TN 37203

David L. Denson

Vice President and Assistant Secretary

One Park Plaza  
Nashville, TN 37203

\* John M. Franck II

Vice President and Secretary

One Park Plaza  
Nashville, TN 37203

V. Carl George

Vice President

One Park Plaza  
Nashville, TN 37203

Tom C. Gormley

Vice President

One Park Plaza  
Nashville, TN 37203

Ronald Lee Grubbs, Jr.

Vice President

One Park Plaza  
Nashville, TN 37203

Sam Hankins

Vice President

31975 U.S. Highway 19 North  
Palm Harbor, FL 34684

\* R. Milton Johnson

Vice President

One Park Plaza  
Nashville, TN 37203

Dwight E. Long

Vice President

One Park Plaza  
Nashville, TN 37203

\* A. Bruce Moore, Jr.

Vice President

One Park Plaza  
Nashville, TN 37203

Howard K. Patterson

Vice President

One Park Plaza  
Nashville, TN 37203

Jim Petkas

Vice President

301 East Las Olas Blvd., 4th Floor  
Ft. Lauderdale, FL 33301

Bill Rutherford

Vice President

One Park Plaza  
Nashville, TN 37203

Cathryn Long Sowers

Vice President

One Park Plaza  
Nashville, TN 37203

Christopher Gentile

Assistant Secretary

One Park Plaza  
Nashville, TN 37203

Joseph Stephen Haase

Assistant Secretary

One Park Plaza  
Nashville, TN 37203

Dianne Johnson

Assistant Secretary

One Park Plaza  
Nashville, TN 37203

Lisa Marie Meister

Assistant Secretary

One Park Plaza  
Nashville, TN 37203

Robert Jerome Nevens

Assistant Secretary

One Park Plaza  
Nashville, TN 37203

Kenneth Kurt Roth

Assistant Secretary

One Park Plaza  
Nashville, TN 37203

**\*Directors**  
(Florida)

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Administrator and Assistant Administrator of facilities owned and/or operated by this Corporation, are hereby authorized to, subject to the Corporation's policies and procedures, (a) manage the facilities and all employees and agents of the Corporation at such facilities, and take such other acts as are necessary or appropriate for the proper functioning of the facilities, and (b) negotiate and enter into contracts and agreements necessary to the conduct of the day-to-day business of such facility, including, but not limited to, physician contracts, personal property leases, purchase agreements, cost reports, and similar documents (but specifically excluding any contracts or leases relating to real estate, except for leases to tenants in buildings owned by or leased to the Corporation entered into pursuant to the Corporation's policies and procedures), 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.