2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2013
Secretary of State
CC9247415986

DOCUMENT# H21627

Entity Name: HCA FAMILY CARE CENTER, INC.

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203

Current Mailing Address:

P.O. BOX 750
NASHVILLE, TN 37202 US

FEI Number: 59-2633845

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	CUFFE, MICHAEL
Address	THREE MARYLAND FARMS, STE. 250
City-State-Zip:	BRENTWOOD TN 37027

Title	DVPA
Name	FRANCK, JOHN M II
Address	ONE PARK PLAZA
City-State-Zip:	NASHVILLE TN 37203

Title	VPS
Name	CLINE, NATALIE H
Address	ONE PARK PLAZA
City-State-Zip:	NASHVILLE TN 37203

Title	DSVP
Name	STINNETT, DONALD W
Address	ONE PARK PLAZA
City-State-Zip:	NASHVILLE TN 37203

Title	SVPT
Name	ANDERSON, DAVID G
Address	ONE PARK PLAZA
City-State-Zip:	NASHVILLE TN 37203

Title	DSVP
Name	RUTHERFORD, WILLIAM B
Address	ONE PARK PLAZA
City-State-Zip:	NASHVILLE TN 37203

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NATALIE H. CLINE VPS 04/25/2013

Electronic Signature of Signing Officer/Director Detail — Date