FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

..CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **856402** **(3)**

1. Corporation Name
HCA PSYCHIATRIC COMPANY

Principal Place of Business	Mailing Address
201 W MIAN ST LOUISVILLE KY 40202 US	P O BOX 740035 ATTN: TAX DEPT LOUISVILLE KY 40201-7435 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/10/1983**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 ONE PARK PLAZA	26 PO BOX 570
22 Suite, Apt. #, etc.	27 ATTN: TAX DEPT.
23 City & State: NASHVILLE TN	28 City & State: NASHVILLE TN
24 Zip: 37203 25 Country	29 Zip: 37202 30 Country

4. FEI Number: **62-1061484** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	P	☒ Change ☐ Addition
NAME	FLEMING, EUGENE C	12 NAME	VANDEWATER, DAVID T.	
STREET ADDRESS	ONE PARK PLAZA	13 STREET ADDRESS		
CITY ST ZIP	NASHVILLE TN	14 CITY ST ZIP		
TITLE	VAT	21 TITLE	SVSD	☒ Change ☐ Addition
NAME	ANDERSON, DAVID G	22 NAME	BRAUN, STEPHEN T.	
STREET ADDRESS	ONE PARK PLAZA	23 STREET ADDRESS		
CITY ST ZIP	NASHVILLE TN	24 CITY ST ZIP		
TITLE	V	31 TITLE	SVTD	☒ Change ☐ Addition
NAME	DAUGHERTY, BETTYE D	32 NAME	COLBY, DAVID C.	
STREET ADDRESS	ONE PARK PLAZA	33 STREET ADDRESS		
CITY ST ZIP	NASHVILLE, TN 00000	34 CITY ST ZIP		
TITLE	V	41 TITLE	SVD	☒ Change ☐ Addition
NAME	EWOLDT, BRANDI D	42 NAME	SCHWEINHART, RICHARD A.	
STREET ADDRESS	500 W MAIN ST, 10TH FLR	43 STREET ADDRESS	ONE PARK PLAZA	
CITY ST ZIP	LOUISVILLE KY	44 CITY ST ZIP	NASHVILLE TN 37203	
TITLE	V	51 TITLE		☒ Change ☐ Addition
NAME	MOORE, JOSEPH D	52 NAME		
STREET ADDRESS	1 PARK PLAZA	53 STREET ADDRESS		
CITY ST ZIP	NASHVILLE TN	54 CITY ST ZIP		
TITLE	V	61 TITLE		☒ Change ☐ Addition
NAME	HOFFMAN, JAMES C	62 NAME		
STREET ADDRESS	ONE PARK PLAZA	63 STREET ADDRESS		
CITY ST ZIP	NASHVILLE TN	64 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 119.07(3)(i), 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 above, if an officer or director, with an address.

SIGNATURE: BEWoldt Brandi D Ewoldt 4/1/95 615-320-2151
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0384853 CP

July 15, 1994

OFFICERS AND DIRECTORS OF HCA PSYCHIATRIC COMPANY

(7)

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
*Richard A. Schweinhart	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. Seifert	Vice President and Assistant Secretary	201 West Main Street Louisville, KY 40202
K. Gregory Tucker	Vice President and Assistant Secretary	One Park Plaza Nashville, TX 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.