


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 856402 (3) 1. Corporation Name HCA PSYCHIATRIC COMPANY					
Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203 US			Mailing Address P.O. BOX 570 ATTN: TAX DEPT. NASHVILLE TN 37202-0570 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/10/1983 3a. Date of Last Report 05/01/1996 4. FEI Number 62-1061484 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	P	VADEWATER, DAVID T	ONE PARK PLAZA NASHVILLE TN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DV	BRAUN, STEPHEN T	ONE PARK PLAZA NASHVILLE TN	1.2 NAME	
	DVT	COLBY, DAVID C.	ONE PARK PLAZA NASHVILLE TN	1.3 STREET ADDRESS	
	DV	SCHWEINHART, RICHARD A.	ONE PARK PLAZA NASHVILLE TN	1.4 CITY - ST - ZIP	
	V	R. MILTON JOHNSON	ONE PARK PLAZA NASHVILLE TN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	S	JOHN M FRANCK	ONE PARK PLAZA NASHVILLE TN	2.2 NAME	
				2.3 STREET ADDRESS	
				2.4 CITY - ST - ZIP	
				3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				3.2 NAME	Donahay, Kenneth
				3.3 STREET ADDRESS	
				3.4 CITY - ST - ZIP	
				4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				4.2 NAME	Elton, Rosalyn
				4.3 STREET ADDRESS	
				4.4 CITY - ST - ZIP	
				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY - ST - ZIP	
				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				6.2 NAME	
				6.3 STREET ADDRESS	
				6.4 CITY - ST - ZIP	
14. I do 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 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.					
SIGNATURE: 4/10/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)