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• PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 856402

1. Corporation Name

HCA PSYCHIATRIC COMPANY

Principal Place of Business

ONE PARK PLAZA  
NASHVILLE TN 37203  
US

Mailing Address

P O BOX 750  
NASHVILLE TN 37202  
US

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current 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. Thereby I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer, who

(NOTE: Registered Agents and filers must be at least 18 years old.)

(Date)

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS | CITY-STATE-ZIP | [ ] DELETE |
|-------|-------------------|----------------|----------------|------------|
| AS    | BLACKWOOD, D A    | ONE PARK PLAZA | NASHVILLE TN   |            |
| DSVA  | DONAHEY, KENNETH  | ONE PARK PLAZA | NASHVILLE TN   | X DELETE   |
| DV    | ELTON, ROSALYN    | ONE PARK PLAZA | NASHVILLE TN   | X DELETE   |
| V     | R. MILTON JOHNSON | ONE PARK PLAZA | NASHVILLE TN   | [ ] DELETE |
| DVPS  | JOHN M FRANCK     | ONE PARK PLAZA | NASHVILLE TN   | [ ] DELETE |
|       |                   |                |                | [ ] DELETE |

| TITLE | NAME              | STREET ADDRESS | CITY-STATE-ZIP | [ ] CHANGE | [ ] ADDITION |
|-------|-------------------|----------------|----------------|------------|--------------|
| AS    | David L. Denson   |                |                | [ ] Change | X Addition   |
| DVP   | A. Bruce Moore    |                |                | [ ] Change | X Addition   |
| VP    | Ronald Lee Grubbs |                |                | [ ] Change | X Addition   |
| DVP   |                   |                |                | X Change   | [ ] Addition |

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-01/02/99-01084-010  
\*\*\*\*150.00 \*\*\*\*150.00  
[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99

Date: \_\_\_\_\_

0523042

CR2E034 (11/98)

FILED  
99 APR -2 PM 2:48  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized

05/10/1983

4. FEI Number

62-1390164

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 owes the current year intangible  
Personal Property Tax

[ ] Yes [ ] No

10. Name and Address of New Registered Agent