

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/30

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90103 003 \*\*\*150.00

**DOCUMENT # F00000004552**

1. Entity Name

**HCA IMAGING SERVICES OF NORTH FLORIDA, INC.**

Principal Place of Business <b>ONE PARK PLAZA, BLDG. 1-2E, LEGAL NASHVILLE TN 37203</b>	Mailing Address <b>ONE PARK PLAZA, BLDG. 1-2E, LEGAL NASHVILLE TN 37203</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE.

4. FEI Number <b>62-1828160</b>	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code
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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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and if not applicable, (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$350.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GRINNEY, JAY</b> <b>ONE PARK PLAZA</b> <b>NASHVILLE TN 37203</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>AS</b> <b>David Denson</b> <b>One Park Plaza</b> <b>Nashville TN 37203</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SLACK, JIM</b> <b>1705 METROPOLITAN BLVD., #201</b> <b>TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>D VPS</b> <b>John M. Franck II</b> <b>One Park Plaza</b> <b>Nashville TN 37203</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CAMPBELL, VICTOR L</b> <b>ONE PARK PLAZA</b> <b>NASHVILLE TN 37203</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>D VP</b> <b>A. Bruce Moore, Jr.</b> <b>One Park Plaza</b> <b>Nashville TN 37203</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WATERMAN, ROBERT</b> <b>ONE PARK PLAZA</b> <b>NASHVILLE TN 37203</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>D VP</b> <b>R. Milton Johnson</b> <b>One Park Plaza</b> <b>Nashville TN 37203</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>ANDERSON, DAVID G</b> <b>ONE PARK PLAZA</b> <b>NASHVILLE TN 37203</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RUTHERFORD, BILL</b> <b>ONE PARK PLAZA</b> <b>NASHVILLE TN 37203</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David Denson**  
**Assistant Secretary**  
 DATE: **3-9-01** PHONE: **(615) 344-2575**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)