

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001494

FILED
May 01, 2012
Secretary of State

Entity Name: HCA LONG TERM HEALTH SERVICES OF MIAMI, INC.

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203

New Principal Place of Business:

Current Mailing Address:

ONE PARK PLAZA
LEGAL DEPT.
NASHVILLE, TN 37203

New Mailing Address:

FEI Number: 90-0614655 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: MOORE, A. BRUCE JR.
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

Title: DVPT
Name: MARKS, MIKE
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

Title: DVPS
Name: HOUSTON, MICHAEL
Address: 450 EAST LAS OLAS BLVD. #1100
City-St-Zip: FORT LAUDERDALE, FL 33301

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: A. BRUCE MOORE, JR.

DP

05/01/2012

Electronic Signature of Signing Officer or Director

Date