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FILED

Apr 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F93000001433 (2)

1. Corporation Name

HCA HOME AND CLINICAL SERVICES, INC.



Principal Place of Business

ONE PARK PLAZA  
NASHVILLE TN 37202-0550

Mailing Address

P.O. BOX 750  
NASHVILLE TN 37202  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1993

4. FEI Number

62-1297330

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME VANDEWATER, DAVID T  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN ☒ DELETE

TITLE ~~DVD~~  
NAME ~~BRAUN, STEPHEN T~~  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN ☒ DELETE

TITLE ~~DVD~~  
NAME DONAHEY, KENNETH  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN ☐ DELETE

TITLE ~~DVD~~  
NAME ELTON, ROSALYN  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN ☐ DELETE

TITLE VP  
NAME R. MILTON JOHNSON  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN ☐ DELETE

TITLE ~~S~~  
NAME FRANCK, II J M.  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE AS  
2.2 NAME Blackwood, Dora A. ☐ Change ☒ Addition  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE D&VAT ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE DV ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE DVPS ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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

CR2E034 (10/97)