

**UNIFORM BUSINESS REPORT (UBR)**

T # F93000001433

ME AND CLINICAL SERVICES, INC.

**FILED****Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90049 042 \*\*\*150.00

Principal Place of Business

Mailing Address

ONE PARK PLAZA  
NASHVILLE TN 37202-0550P.O. BOX 750  
NASHVILLE TN 37202-0750  
US

000307JJ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 62-1297330		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	AS <input checked="" type="checkbox"/> Delete	TITLE	see attached list <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENSON, DAVID L	NAME	
STREET ADDRESS	ONE PARK PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, A. BRUCE	NAME	
STREET ADDRESS	ONE PARK PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBBS, RONALD LEE	NAME	
STREET ADDRESS	ONE PARK PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. MILTON JOHNSON	NAME	
STREET ADDRESS	ONE PARK PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	CITY-ST-ZIP	
TITLE	DVPS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCK, II J M.	NAME	
STREET ADDRESS	ONE PARK PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 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 L. Denson 3-16-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

793000001403

Attachment  
00046759

November 1, 1999

**OFFICERS AND DIRECTORS  
OF  
HCA HOME AND CLINICAL SERVICES, INC.**

<b>*A. Bruce Moore</b>	<b>Vice President</b>	<b>One Park Plaza Nashville, TN 37203</b>
Victor L. Campbell	Senior Vice President	One Park Plaza Nashville, TN 37203
Robert Waterman	Senior Vice President	One Park Plaza Nashville, TN 37203
David G. Anderson	Vice President and Treasurer	One Park Plaza Nashville, TN 37203
Rosalyn S. Elton	Vice President	One Park Plaza Nashville, TN 37203
V. Carl George	Vice President	One Park Plaza Nashville, TN 37203
<b>*R. Milton Johnson</b>	<b>Vice President</b>	<b>One Park Plaza Nashville, TN 37203</b>
<b>*John M. Franck II</b>	<b>Vice President and Secretary</b>	<b>One Park Plaza Nashville, TN 37203</b>
James D. Hinton	Vice President	One Park Plaza Nashville, TN 37203
Howard K. Patterson	Vice President	One Park Plaza Nashville, TN 37203
Lyle Reid	Vice President	One Park Plaza Nashville, TN 37203
Ronald Lee Grubbs	Vice President	One Park Plaza Nashville, TN 37203
Steven E. Clifton	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Tom C. Gormley	Vice President	One Park Plaza Nashville, TN 37203
Dwight E. Long	Vice President	One Park Plaza Nashville, TN 37203
Mike T. Bray	Vice President	One Park Plaza Nashville, TN 37203
Dora A. Blackwood	Assistant Secretary	One Park Plaza Nashville, TN 37203
David L. Denson	Assistant Secretary	One Park Plaza Nashville, TN 37203
Dianne Johnson	Assistant Secretary	One Park Plaza Nashville, TN 37203
Kenneth Kurt Roth	Assistant Secretary	One Park Plaza Nashville, TN 37203

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Attachment  
00040759

Lisa Marie Meister

Assistant Secretary

One Park Plaza  
Nashville, TN 37203

Joseph Stephen Haase

Assistant Secretary

One Park Plaza  
Nashville, TN 37203

Christopher Gentile

Assistant Secretary

One Park Plaza  
Nashville, TN 37203

Robert Jerome Nevens

Assistant Secretary

One Park Plaza  
Nashville, TN 37203

**\*Directors**

(TN)

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Administrator and Assistant Administrator of facilities owned and/or operated by this Corporation, are authorized by the Board of Directors of this Corporation to negotiate and enter into contracts and agreements necessary in the conduct of the day-to-day business of such facility, including, but not limited to, physician contracts, leases, purchase agreements, cost reports, etc., which with the advice of legal counsel shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolution required in connection with such contracts and agreements.