

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000001433**

1. Entity 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**

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

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2001 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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|----------------|--------------------|---------------------------------|
| VP | MOORE, A. BRUCE | ONE PARK PLAZA | NASHVILLE TN 37203 | <input type="checkbox"/> |

| | | | | |
|----|-------------------|----------------|--------------------|--------------------------|
| VP | R. MILTON JOHNSON | ONE PARK PLAZA | NASHVILLE TN 37203 | <input type="checkbox"/> |
|----|-------------------|----------------|--------------------|--------------------------|

| | | | | |
|-----|-----------------|----------------|--------------------|--------------------------|
| VPS | FRANCK, II J M. | ONE PARK PLAZA | NASHVILLE TN 37203 | <input type="checkbox"/> |
|-----|-----------------|----------------|--------------------|--------------------------|

| | | | | |
|--|--|--|--|--------------------------|
| | | | | <input type="checkbox"/> |
|--|--|--|--|--------------------------|

| | | | | |
|--|--|--|--|--------------------------|
| | | | | <input type="checkbox"/> |
|--|--|--|--|--------------------------|

| | | | | |
|--|--|--|--|--------------------------|
| | | | | <input type="checkbox"/> |
|--|--|--|--|--------------------------|

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-----------------|----------------|--------------------|--|-----------------------------------|
| VP | MOORE, A. BRUCE | ONE PARK PLAZA | NASHVILLE TN 37203 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|----|-------------------|----------------|--------------------|-------------------------------------|--------------------------|
| VP | R. MILTON JOHNSON | ONE PARK PLAZA | NASHVILLE TN 37203 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|----|-------------------|----------------|--------------------|-------------------------------------|--------------------------|

| | | | | | |
|-----|-----------------|----------------|--------------------|-------------------------------------|--------------------------|
| VPS | FRANCK, II J M. | ONE PARK PLAZA | NASHVILLE TN 37203 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-----|-----------------|----------------|--------------------|-------------------------------------|--------------------------|

| | | | | | |
|----|--------------|----------------|--------------------|--------------------------|-------------------------------------|
| AS | David Denson | ONE Park Plaza | Nashville TN 37203 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|----|--------------|----------------|--------------------|--------------------------|-------------------------------------|

| | | | | | |
|--|--|--|--|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--|--|--|--------------------------|--------------------------|

| | | | | | |
|--|--|--|--|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--|--|--|--------------------------|--------------------------|

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 Denson
Assistant Secretary**

3-9-01

Date

(615) 344-2575

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

0565383

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90117 016 ***150.00

0001000



DO NOT WRITE IN THIS SPACE