

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0623177

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR -2 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005897

1. Corporation Name
HCA-HOSPITAL CORPORATION OF AMERICA

Principal Place of Business
**ONE PARK PLAZA
NASHVILLE TN 37203**

Mailing Address
**POB 750
NASHVILLE TN 37202
US**



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **11/07/1997**
- 4. FEI Number: **61-1249702** Applied For: Not Applicable
- 5. Certificate of Status Debited: **\$8.75** Additional Fee Required
- 6. Election Campaign Financing / Trust Fund Contribution: **\$5.00** May Be Added to Fees
- 8. This corporation owes the current year Intangible Personal Property Tax: Yes No
- 10. Name and Address of New Registered Agent

2. Principal Place of Business

21. Suite, Apt. #, etc

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. Suite, Apt. #, etc

27. City & State

28. Zip Country

29. 30.

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 of applicant

(NOTE: Registered Agents must be present at the time of filing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	DVPS	[] DELETE
NAME	FRANCK, JOHN M II	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	DVPA	X DELETE
NAME	DONAHEY, KENNETH C	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	DVP	X DELETE
NAME	ELTON, ROSALYN S	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	P	[] DELETE
NAME	BOVENDER, JACK O JR.	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	V	[] DELETE
NAME	GEORGE, V. CARL	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	AS	[] DELETE
NAME	BLACKWOOD, D A	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change X Addition
22 NAME	DVP A. Bruce Moore
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change X Addition
32 NAME	VP Ronald Lee Grubbs
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change X Addition
42 NAME	DVP R. Milton Johnson
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	AS David L. Denson
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change X Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99

CR2E034 (11/98)