

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 PM 1:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H21627 (5)

1. Corporation Name

HCA FAMILY CARE CENTER, INC.

Principal Place of Business

**201 W MAIN ST
P. O. BOX 550
LOUISVILLE KY 40202
US**

Mailing Address

**P O BOX 740035
ATTN: TAX DEPT
LOUISVILLE KY 40201-7435
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/18/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

62-1253836

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 ONE PARK PLAZA

2a. Mailing Address

26 PO BOX 570

Suite, Apt., etc.

Suite, Apt., etc.

22

27 ATTN: TAX DEPT.

City & State

23 NASHVILLE TN

City & State

28 NASHVILLE TN

Zip Country

24 37203 25

Zip Country

29 37202 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.1506, 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	MCKNIGHT, PAUL J.	ONE PARK PLAZA	NASHVILLE TN
V	MALONE, DAVID J., JR.	ONE PARK PLAZA	NASHVILLE TN
DP	MOEN, DANIEL J	7975 NW 154TH ST, #400A	MIAMI LAKES FL
V	DAUGHERTY, BETTYE D.	ONE PARK PLAZA	NASHVILLE TN
VAT	ANDERSON, DAVID G	ONE PARK PLAZA	NASHVILLE TN
V	MOORE, JOSEPH D.	ONE PARK PLAZA	NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
P	DANIEL J. MOEN	ONE PARK PLAZA	NASHVILLE TN 37203	☒	☐
D SVP S	STEPHEN T. BRAUN	ONE PARK PLAZA	NASHVILLE TN 37203	☒	☐
D SVP T	DAVID C. COLBY	ONE PARK PLAZA	NASHVILLE TN 37203	☒	☐
D SVP	RICHARD A. SCHWEINHART	ONE PARK PLAZA	NASHVILLE TN 37203	☒	☐
				☒	☐
				☒	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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, as changed, or on an attachment with an address.

SIGNATURE:

Brandi D Ewaldt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)

6/5 3:20 2157

**OFFICERS AND DIRECTORS
OF
HCA FAMILY CARE CENTER, INC.**

Daniel J. Moen	President	7975 NW 154th Street, Ste 400A Miami Lakes, FL 33016
*Stephen T. Braun	Senior Vice President and Secretary	201 West Main Street Louisville, KY 40202
*David C. Colby	Senior Vice President and Treasurer	201 West Main Street Louisville, KY 40202
Paul J. McKnight	Senior Vice President	1830 Buford Court Tallahassee, FL 32308
Joseph D. Moore	Senior Vice President	One Park Plaza Nashville, TN 37203
*Richard A. Schweinhart	Senior Vice President	201 West Main Street Louisville, KY 40202
David G. Anderson	Vice President and Assistant Treasurer	201 West Main Street Louisville, KY 40202
David T. Bradford	Vice President	One Park Plaza Nashville, TN 37203
Ashby Q. Burks	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Bettye J. Daugherty	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Brandi D. Ewoldt	Vice President	500 West Main St., 10th Floor Louisville, KY 40202
James D. Hinton	Vice President	1401 Mitchell Avenue Jeffersonville, IN 47131-0563
Jay Jarrell	Vice President	7975 NW 154th Street, Ste 400A Miami Lakes, FL 33016
David J. Malone	Vice President	One Park Plaza Nashville, TN 37203
Rachel A. Selfert	Vice President and Assistant Secretary	201 West Main Street Louisville, KY 40202
Linda J. McDonald	Assistant Secretary	201 West Main Street Louisville, KY 40202

***Directors
Florida**

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, 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, 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.