FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J18921** **(3)**

1. Corporation Name

HCA HEALTHCARE - FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 740035 ATTN: TAX DEPT. LOUISVILLE KY 40201-7435	P.O. BOX 740035 ATTN: TAX DEPT. LOUISVILLE KY 40201-7435

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/09/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21 ONE PARK PLAZA	2a. Mailing Address 26 PO BOX 570
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ATTN: TAX DEPT
City & State 23 NASHVILLE TN	City & State 28 NASHVILLE TN
Zip / Country 24 37203 / 25	Zip / Country 29 37202 / 30

4. FEI Number: 62-1283427 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRENTICE HALL CORPORATION SYSTEM **110 NORTH MAGNOLIA STREET** **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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MOEN, DANIEL	1.2 NAME		
STREET ADDRESS	7975 NW 154TH ST. #400A	1.3 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	MIAMI LAKES FL 33016	1.4 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VD	2.1 TITLE	D SUP S	☒ Change ☐ Addition
NAME	MCKNIGHT, PAUL J JR	2.2 NAME	STEPHEN T. BRAUN	
STREET ADDRESS	1830 BUFORD COURT	2.3 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	PD	3.1 TITLE	D SUP T	☒ Change ☐ Addition
NAME	HUSSEY, WILLIAM S	3.2 NAME	DAVID C. COLBY	
STREET ADDRESS	ONE UNIVERSITY PARK 12800 UNIV. DR.#560	3.3 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	FORT MYERS FL 33907	3.4 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VPAS	4.1 TITLE	D SUP	☒ Change ☐ Addition
NAME	ANDERSON, DAVID. G	4.2 NAME	RICHARD A. SCHWEINHART	
STREET ADDRESS	ONE PARK PLAZA	4.3 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	V	5.1 TITLE		☒ Change ☐ Addition
NAME	MALONE,DAVID,J.,JR.	5.2 NAME		
STREET ADDRESS	ONE PARK PLAZA	5.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☒ Change ☐ Addition
NAME	DAUGHERTY, BETTYE D.	6.2 NAME		
STREET ADDRESS	ONE PARK PLAZA	6.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN	6.4 CITY-ST-ZIP		

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 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 above, or on an attachment with an address.

SIGNATURE: BDEwoldt Brandi D Ewoldt 615 320 2151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

034A07 CP

December 30, 1994

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OFFICERS AND DIRECTORS
OF
HCA HEALTHCARE - FLORIDA, INC.

Daniel J. Moen	**President**	**7975 NW 154th Street, Suite 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**
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
Jay Jarrell	Vice President	7975 NW 154th Street, Suite 400A Miami Lakes, FL 33016
David J. Malone	Vice President	One Park Plaza Nashville, TN 37203
Rachel A. Seifert	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 Administratc of facilities owned and/or operated by this Corporation, are authorized by the Board of Directors of this Corporatio to negotiate and enter into contracts and agreements necessary in the conduct of the day-to-day business of suc facility, including, but not limited to, physician contracts, leases, purchase agreements, etc., which with the advic of legal counsel, shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolutio required in connection with such contracts and agreements.