

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J18921 (3)**

1. Corporation Name
HCA HEALTHCARE - FLORIDA, INC.



Principal Place of Business
**ONE PARK PLAZA
ATTN: TAX DEPT.
NASHVILLE TN 37203
US**

Mailing Address
**P.O. BOX 570
ATTN: TAX DEPT.
NASHVILLE TN 37202
US**

3. Date Incorporated or Qualified **06/09/1986** 3a. Date of Last Report **04/21/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		62-1283427	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	Zip			<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> 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	261 Hays Street
84	Suite 105
85	City
	FL
	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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOEN, DANIEL	1.2 NAME	Johnson, R. Milton
STREET ADDRESS	ONE PARK PLAZA	1.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	DS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, STEPHEN T.	2.2 NAME	DAV
STREET ADDRESS	ONE PARK PLAZA	2.3 STREET ADDRESS	Braun, Stephen T.
CITY-ST-ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBY, DAVID C.	3.2 NAME	V/T
STREET ADDRESS	ONE PARK PLAZA	3.3 STREET ADDRESS	David Colby
CITY-ST-ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWEINHART, RICHARD A	4.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALONE, DAVID, J., JR.	5.2 NAME	John M. Franck
STREET ADDRESS	ONE PARK PLAZA	5.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	NASHVILLE TN	5.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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.

SIGNATURE: *John M. Franck* **John M. Franck, Sec.** 4-9-96 (615) 327-9551
 SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (12/95)