

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

Mailing Address

ONE PARK PLAZA
ATTN: TAX DEPT.
NASHVILLE TN 37203
US

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

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)

621 Hays Street

83

Suite 105

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
MOEN, DANIEL
ONE PARK PLAZA
NASHVILLE TN

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DS
BRAUN, STEPHEN T.
ONE PARK PLAZA
NASHVILLE TN

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DT
COLBY, DAVID C.
ONE PARK PLAZA
NASHVILLE TN

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
SCHWEINHART, RICHARD A
ONE PARK PLAZA
NASHVILLE TN

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
MALONE, DAVID, J., JR.
ONE PARK PLAZA
NASHVILLE TN

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
DAUGHERTY, BETTYE D.
ONE PARK PLAZA
NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

V
Johnson, R. Milton
One Park Plaza
Nashville, TN 37203

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

DIV
Braun, Stephen T.

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

VLT
David Colby

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

John M. Franck
One Park Plaza
Nashville, TN 37203

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

John M. Franck, Sec. 4-9-96

Date

(615) 327-9551

Daytime Phone #

CP2E034 (12/95)