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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 37202-0570
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 PO Box 750

27 Suite, Apt. #, etc.

28 Nashville TN

29 37202 30 USA

3. Date Incorporated or Qualified

06/09/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

62-1283427

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

PRENTICE HALL CORPORATION SYSTEM
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 of type of or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ~~MOEN, DANIEL~~
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

TITLE DV
NAME BRAUN, STEPHEN T.
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

TITLE VT
NAME ~~DAVID COLBY~~
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

TITLE D
NAME ~~SCHWEINHART, RICHARD A.~~
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

TITLE S
NAME JOHN M FRANCK
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

TITLE V
NAME JOHNSON, R. MILTON
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME Vandewater, David
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME Donahay, Kenneth
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME Elton, Rosalynn
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0478814

CR2E034 (9/96)