

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**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
--	---

3. Date Incorporated or Qualified 06/09/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 62-1283427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address PO Box 750
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State Nashville TN
23. Zip	28. Zip 37202
24. Country	29. Country USA

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. City
84. State 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOEN, DANIEL	1.2 NAME	Vandewater, David
STREET ADDRESS	ONE PARK PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, STEPHEN T.	2.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID COLBY,	3.2 NAME	Donahay, Kenneth
STREET ADDRESS	ONE PARK PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEINHART, RICHARD A.	4.2 NAME	Eiton, Rosalynn
STREET ADDRESS	ONE PARK PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN M FRANCK	5.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, R. MILTON	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 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: John M Franck Date: 4/18/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)