

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J19100 (3)**  
1. Corporation Name  
**HCA DEVELOPMENT CORPORATION OF FLORIDA**



Principal Place of Business: **ONE PARK PLAZA, P.O. BOX 550, NASHVILLE TN 37203, US**  
Mailing Address: **P.O. BOX 570, ATTN: TAX DEPT, NASHVILLE TN 37202, US**

2. Principal Place of Business: **One Park Plaza**  
21. Suite, Apt. #, etc.:  
22. City & State: **Nashville, TN**  
23. Zip: **37203** 25. Country: **US**  
24. Mailing Address: **P.O. BOX 570**  
26. Suite, Apt. #, etc.:  
27. City & State:  
28. Zip: 29. Country: 30.

3. Date incorporated or Qualified: **06/11/1986** 3a. Date of Last Report: **04/21/1995**  
4. FEI Number: **62-1282927** 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  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MOEN, DANIEL J.	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BRAUN, STEPHEN T.	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	COLBY, DAVID C.	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	SCHWEINHART, RICHARD A	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, JOSEPH D.	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DAUGHERTY, BETTYE D.	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Moen, Daniel	
1.3 STREET ADDRESS	7976 NW 154th St. #400A	
1.4 CITY - ST - ZIP	Miami Lakes, FL 33016	
2.1 TITLE	V/AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Braun, Stephen T.	
2.3 STREET ADDRESS	One Park Plaza	
2.4 CITY - ST - ZIP	Nashville, TN 37203	
3.1 TITLE	V/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Colby, David C.	
3.3 STREET ADDRESS	One Park Plaza	
3.4 CITY - ST - ZIP	Nashville, TN 37203	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Franck, John M.	
5.3 STREET ADDRESS	One Park Plaza	
5.4 CITY - ST - ZIP	Nashville, TN 37203	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Johnson, Milton	
6.3 STREET ADDRESS	One Park Plaza	
6.4 CITY - ST - ZIP	Nashville, TN 37203	

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: R. Milton Johnson R. Milton Johnson 4/3/96 615-327-9551  
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)