


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

FILED

May 06 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 # K91830 (5) 1. Corporation Name HCA HOLDINGS, INC.					
Principal Place of Business 501 FAIRWAY DRIVE SUITE 250 DEERFIELD BEACH FL 33441			Mailing Address 501 FAIRWAY DRIVE SUITE 250 DEERFIELD BEACH FL 33441-1870		
2. Principal Place of Business 21 10 Fairway Drive Suite, Apt. #, etc. 22 Suite 307 City & State 23 Deerfield Beach, FL Zip 24 33441		2a. Mailing Address 26 10 Fairway Drive. Suite, Apt. #, etc. 27 Suite 307 City & State 28 Deerfield Beach, FL Zip 29 33441		3. Date Incorporated or Qualified 05/30/1989 3a. Date of Last Report 05/01/1996 4. FEI Number 65-0131902 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 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
g. Name and Address of Current Registered Agent DOGGETT, RICHARD G. 501 FAIRWAY DRIVE, #250 DEERFIELD BEACH FL 33441			10. Name and Address of New Registered Agent 81 Name Doggett, Richard G. 82 Street Address (P.O. Box Number is Not Acceptable) 10 Fairway Drive 83 Suite 307 84 City Deerfield Beach FL 85 Zip Code 33441		
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 <i>[Signature]</i> Richard G. Doggett 25A/R97 Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
12. OFFICERS AND DIRECTORS TITLE PSD <input type="checkbox"/> DELETE NAME DOGGETT, RICHARD G. STREET ADDRESS 501 FAIRWAY DR., #250 CITY-ST-ZIP DEERFIELD BEACH FL 33441			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 <i>[Signature]</i> Richard G. Doggett 25A/R97 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



CR2E034 (9/96)