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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **L92215** **(7)**

1. Corporation Name

HCA BAYONET POINT-HUDSON MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business
14000 FIVAY RD
HUDSON FL 34667-7103

Mailing Address
14000 FIVAY RD
HUDSON FL 34667-7103

3. Date Incorporated or Qualified: **08/09/1990**
3a. Date of Last Report: **03/06/1995**

4. FEI Number: **59-3043544** [ ] 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MILLER, DANIEL
14000 FIVAY RD
HUDSON FL 34667

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] Date: 4/26/96

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	MILLER, DANIEL	
STREET ADDRESS	14000 FIVAY RD	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	[ ] DELETE
NAME	STRICKLAND, BOB	
STREET ADDRESS	14000 FIVAY RD.	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	[X] DELETE
NAME	WHITMORE, JOHN	
STREET ADDRESS	14000 FIVAY RD	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	[ ] DELETE
NAME	VIERLING, DONALD K	
STREET ADDRESS	14000 FIVAY RD	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	[ ] DELETE
NAME	CARBIENER, LINDA	
STREET ADDRESS	14000 FIVAY RD	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	[ ] DELETE
NAME	LEVINE, ALAN	
STREET ADDRESS	14000 FIVAY RD	
CITY-ST-ZIP	HUDSON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	[ ] Change [X] Addition
1.2 NAME	Rice, Thomas	
1.3 STREET ADDRESS	14000 Fivay Rd.	
1.4 CITY-ST-ZIP	Hudson, Fl 34667	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	[ ] Change [X] Addition
3.2 NAME	Surace, Blanche	
3.3 STREET ADDRESS	14000 Fivay Rd	
3.4 CITY-ST-ZIP	Hudson, Fl. 34667	
4.1 TITLE	V	[ ] Change [X] Addition
4.2 NAME	Whitmore, John	
4.3 STREET ADDRESS	14000 Fivay Rd	
4.4 CITY-ST-ZIP	Hudson, Fl 34667	
5.1 TITLE	S	[ ] Change [X] Addition
5.2 NAME	Durham, Kay	
5.3 STREET ADDRESS	14000 Fivay Rd	
5.4 CITY-ST-ZIP	Hudson, Fl 34667	
6.1 TITLE	T	[ ] Change [X] Addition
6.2 NAME	Hackett, Louise	
6.3 STREET ADDRESS	14000 Fivay Rd	
6.4 CITY-ST-ZIP	Hudson, Fl. 34667	

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: Linda L. Carbiener 4/22/96 813-869-5403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)