

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

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P07651 (3)**

1. Corporation Name:  
**HCA PHYSICIAN SERVICES, INC.**



Principal Place of Business <b>ONE PARK PLAZA                  NASHVILLE TN 37203</b>	Mailing Address <b>P.O. BOX 570                  ATTN: TAX DEPT.                  NASHVILLE TN 37208-0570                  US</b>
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3. Date Incorporated or Qualified <b>10/04/1985</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>62-1252273</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 <b>PO BOX 750</b> 27 Suite, Apt. #, etc. 28 <b>Nashville TN</b> 29 <b>37202</b> 30 <b>USA</b>
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>VANDEWATER, DAVID T</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>
TITLE	<b>SVSD</b> <input type="checkbox"/> DELETE
NAME	<b>BRAUN, STEPHEN T</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>
TITLE	<b>SVTD</b> <input type="checkbox"/> DELETE
NAME	<b>COLBY, DAVID C</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>
TITLE	<b>SVD</b> <input type="checkbox"/> DELETE
NAME	<b>SCHWEINHART, RICHARD A</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, R. M</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>FRANCK, JOHN M</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Donahay, Kenneth</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Eiton, Rosalyn</b>
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: *[Signature]* DATE: 4/10/97

Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)