

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P33859** (0)

1. Corporation Name
EPIC MASTER LEASING, INC.

Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203 US	Mailing Address C/O COLUMBIA/HCA TAX DEPT. P.O. BOX 570 NASHVILLE TN 37202-0570 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 05/08/1991	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		26 PO Box 750 27 Nashville TN 28 37202 USA		4. FEI Number 75-2376601	Applied For 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	

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	
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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	
TITLE P NAME VANDEWATER, DAVID T STREET ADDRESS ONE PARK PLAZA CITY - ST - ZIP NASHVILLE TN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE S 1.2 NAME Frank II, John M. 1.3 STREET ADDRESS One Park Plaza 1.4 CITY - ST - ZIP Nashville, TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME FLEMING, GENE STREET ADDRESS ONE PARK PLAZA CITY - ST - ZIP NASHVILLE TN	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSD NAME BRAUN, STEPHEN T STREET ADDRESS ONE PARK PLAZA CITY - ST - ZIP NASHVILLE TN	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VTD NAME GOLBY, DAVID C STREET ADDRESS ONE PARK PLAZA CITY - ST - ZIP NASHVILLE TN	<input type="checkbox"/> DELETE	4.1 TITLE Donahay, Kenneth 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME SCHWEINHART, RICHARD A STREET ADDRESS ONE PARK PLAZA CITY - ST - ZIP NASHVILLE TN	<input type="checkbox"/> DELETE	5.1 TITLE Elton, Rosalyn 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME JOHNSON, R. MILTON STREET ADDRESS ONE PARK PLAZA CITY - ST - ZIP NASHVILLE TN	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* 4/8/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0476761

CR2E034 (9/96)