No. <b>C 169385</b>		Due no later than Oct 31, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  HCA - IT&S FIELD OPERATIONS, INC. ONE PARK PLAZA - LEGAL DEPT. NASHVILLE TN 37203		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)  C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE				921 S ORCHA BOISE ID 83 USA				
4. Corporations: Enter Nam	nes and Busin	ess Addresses o	f President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	SAMUEL N.	HAZEN	ONE PARK PLAZA	NASHVILLE	TN	USA	37203	
DIRECTOR DONALD W		STINNETT	ONE PARK PLAZA	NASHVILLE	TN	USA	37203	
DIRECTOR JOHN M FRA		ANCK II	ONE PARK PLAZA	NASHVILLE	TN	USA	37203	
TREASURER DAVID G. AT		NDERSON	ONE PARK PLAZA	NASHVILLE	TN	USA	37203	
PRESIDENT MARTY PASI		LICK	ONE PARK PLAZA	NASHVILLE	TN	USA	37203	
SECRETARY	NATALIE H.	CLINE	ONE PARK PLAZA	NASHVILLE	TN	USA	37203	
5. Organized Under the Laws of:		6. Annual Repo	ort must be signed.*					
DE		Signature: Natalie H. Cline		Date: 08/28/2014				
C 169385		Name (type or print): Natalie H. Cline		Title: VP & Secretary				
Processed 08/28/2014		* Electronically	provided signatures are accepted as original	signatures.				