



STATE OF ARIZONA  
CORPORATION COMMISSION  
CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE

AZ Corp. Commission



02104839

DUE ON OR BEFORE 09/22/2007

FY07-08

FILING FEE \$45.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions on page 4 for proper format.

1. F-0051158-6  
HCA - INFORMATION TECHNOLOGY & SERVICES, INC.  
% LEGAL DEPT  
1 PARK PLAZA  
NASHVILLE, TN 37203

RECEIVED

AUG 07 2007

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

Business Phone: \_\_\_\_\_ (Business phone is optional.)

State of Domicile: TENNESSEE Type of Corporation: PROFIT

2. Statutory Agent: C T CORPORATION SYSTEM Physical Address, If Different.  
Mailing Address: 2394 E CAMELBACK RD Physical Address:  
City, State, Zip: PHOENIX, AZ 85016 City, State, Zip:

ACC USE ONLY

Fee \$ \_\_\_\_\_  
Penalty \$ \_\_\_\_\_  
Reinstate \$ \_\_\_\_\_  
Expedite \$ \_\_\_\_\_  
Resubmit \$ \_\_\_\_\_

Use this box only if appointing a new Statutory Agent

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

Printed Name of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are  
**REQUIRED** to complete  
this section).

% C T CORPORATION SYSTEM  
2394 E CAMELBACK RD  
PHOENIX, AZ 85016

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Accounting              | <input type="checkbox"/> 20. Manufacturing                   |
| <input type="checkbox"/> 2. Advertising             | <input type="checkbox"/> 21. Mining                          |
| <input type="checkbox"/> 3. Aerospace               | <input type="checkbox"/> 22. News Media                      |
| <input type="checkbox"/> 4. Agriculture             | <input type="checkbox"/> 23. Pharmaceutical                  |
| <input type="checkbox"/> 5. Architecture            | <input type="checkbox"/> 24. Publishing/Printing             |
| <input type="checkbox"/> 6. Banking/Finance         | <input type="checkbox"/> 25. Ranching/Livestock              |
| <input type="checkbox"/> 7. Barbers/Cosmetology     | <input type="checkbox"/> 26. Real Estate                     |
| <input type="checkbox"/> 8. Construction            | <input type="checkbox"/> 27. Restaurant/Bar                  |
| <input type="checkbox"/> 9. Contractor              | <input type="checkbox"/> 28. Retail Sales                    |
| <input type="checkbox"/> 10. Credit/Collection      | <input type="checkbox"/> 29. Science/Research                |
| <input type="checkbox"/> 11. Education              | <input type="checkbox"/> 30. Sports/Sporting Events          |
| <input type="checkbox"/> 12. Engineering            | <input type="checkbox"/> 31. Technology(Computers)           |
| <input type="checkbox"/> 13. Entertainment          | <input type="checkbox"/> 32. Technology(General)             |
| <input type="checkbox"/> 14. General Consulting     | <input type="checkbox"/> 33. Television/Radio                |
| <input checked="" type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services     |
| <input type="checkbox"/> 16. Hotel/Motel            | <input type="checkbox"/> 35. Transportation                  |
| <input type="checkbox"/> 17. Import/Export          | <input type="checkbox"/> 36. Utilities                       |
| <input type="checkbox"/> 18. Insurance              | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services         | <input type="checkbox"/> 38. Other _____                     |

NON-PROFIT CORPORATIONS

- |  |
|--|
| <input type="checkbox"/> 1. Charitable   |
| <input type="checkbox"/> 2. Benevolent   |
| <input type="checkbox"/> 3. Educational  |
| <input type="checkbox"/> 4. Civic  |
| <input type="checkbox"/> 5. Political  |
| <input type="checkbox"/> 6. Religious  |
| <input type="checkbox"/> 7. Social   |
| <input type="checkbox"/> 8. Literary   |
| <input type="checkbox"/> 9. Cultural   |
| <input type="checkbox"/> 10. Athletic  |
| <input type="checkbox"/> 11. Science/Research  |
| <input type="checkbox"/> 12. Hospital/Health Care  |
| <input type="checkbox"/> 13. Agricultural  |
| <input type="checkbox"/> 14. Animal Husbandry  |
| <input type="checkbox"/> 15. Homeowner's Association                                     |
| <input type="checkbox"/> 16. Professional, commercial<br>industrial or trade association |
| <input type="checkbox"/> 17. Other _____   |

**5. CAPITALIZATION:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. **Please Print or Type Clearly.**

**5a.** Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**.

Number of Shares/Certificates <b>Authorized</b>	Class	Series Within Class (if any)
2,355	Common	

**5b.** Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**.

Number of Shares/Certificates <b>Issued</b>	Class	Series Within Class (if any)
2,355	Common	

**6. SHAREHOLDERS:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. **Please Type or Print Clearly.**

Name: Hospital Corp., LLC

Name: Columbia Hospital Corporation-Delaware

NONE ☐

Name: Galen Holdco, LLC

Name:

**7. OFFICERS** Please Type or Print Clearly. You Must List at Least One.

Name: Noel B. Williams

Name: Dora A. Blackwood

Title: President

Title: Vice President &amp; Secretary

Address: One Park Plaza  
Nashville, TN 37203Address: One Park Plaza  
Nashville, TN 37203

Date taking office: 12/18/2006

Date taking office: 12/18/2006

Name: David G. Anderson

Name:

Title: Vice President &amp; Treasurer

Title:

Address: One Park Plaza  
Nashville, TN 37203

Address:

Date taking office: 12/18/2006

Date taking office:

**8. DIRECTORS** Please Type or Print Clearly. You Must List at Least One.

Name: John M. Franck II

Name: A. Bruce Moore, Jr.

Address: One Park Plaza

Address: One Park Plaza

Nashville, TN 37203

Nashville, TN 37203

Date taking office: 12/18/2006

Date taking office:

Name: R. Milton Johnson

Name:

Address: One Park Plaza

Address:

Nashville, TN 37203

Date taking office: 12/18/2006

Date taking office:

December 18, 2006

**OFFICERS AND DIRECTORS  
OF  
HCA - INFORMATION TECHNOLOGY & SERVICES, INC.**

Noel B. Williams	President and Chief Information Officer	2555 Park Plaza Nashville, TN 37203
Robert Waterman	Senior Vice President	One Park Plaza Nashville, TN 37203
Lee Adams	Vice President	2555 Park Plaza Nashville, TN 37203
David G. Anderson	Vice President and Treasurer	One Park Plaza Nashville, TN 37203
Dora A. Blackwood	Vice President and Secretary	One Park Plaza Nashville, TN 37203
Mike T. Bray	Vice President	One Park Plaza Nashville, TN 37203
Steven E. Clifton	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Paul Connelly	Vice President	2555 Park Plaza Nashville, TN 37203
David L. Denson	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Rosalyn S. Elton	Vice President	One Park Plaza Nashville, TN 37203
<b>* John M. Franck II</b>	<b>Vice President and Assistant Secretary</b>	<b>One Park Plaza Nashville, TN 37203</b>
V. Carl George	Vice President	One Park Plaza Nashville, TN 37203
Ronald Lee Grubbs, Jr.	Vice President	One Park Plaza Nashville, TN 37203
Jim D. Hinton	Vice President	One Park Plaza Nashville, TN 37203
<b>* R. Milton Johnson</b>	<b>Vice President</b>	<b>One Park Plaza Nashville, TN 37203</b>
W. Mark Kimbrough	Vice President	One Park Plaza Nashville, TN 37203
Dwight E. Long	Vice President	One Park Plaza Nashville, TN 37203
Sara Margraf	Vice President	One Park Plaza Nashville, TN 37203

<b>* A. Bruce Moore, Jr.</b>	<b>Vice President</b>	<b>One Park Plaza Nashville, TN 37203</b>
Timothy W. Partlow	Vice President	2555 Park Plaza Nashville, TN 37203
Marty Paslick	Vice President	2555 Park Plaza Nashville, TN 37203
Mary Silva-Doctor	Vice President	2555 Park Plaza Nashville, TN 37203
Christopher Gentile	Assistant Secretary	One Park Plaza Nashville, TN 37203
Dianne Johnson	Assistant Secretary	One Park Plaza Nashville, TN 37203
Lisa Marie Meister	Assistant Secretary	One Park Plaza Nashville, TN 37203
Robert Jerome Nevens	Assistant Secretary	One Park Plaza Nashville, TN 37203
Kenneth Kurt Roth	Assistant Secretary	One Park Plaza Nashville, TN 37203

#### **\*Directors**

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Administrator and Assistant Administrator of facilities owned and/or operated by this Company or by a partnership for which this Company acts as general partner, are hereby authorized to, subject to the Company's policies and procedures, (a) manage the facilities and all employees and agents of the Company at such facilities, and take such other acts as are necessary or appropriate for the proper functioning of the facilities, and (b) negotiate and enter into contracts and agreements necessary to the conduct of the day-to-day business of such facility, including, but not limited to, physician contracts, personal property leases, purchase agreements, cost reports, and similar documents (but specifically excluding any contracts or leases relating to real estate, except for leases to tenants in buildings owned by or leased to the Company entered into pursuant to the Company's policies and procedures) which with the advice of legal counsel shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolution required in connection with such contracts and agreements.

**9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)**

Nonprofit corporations **must attach** a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

**9A. MEMBERS (A.R.S. § 10-11622.A.6)**

Only Nonprofit Corporations must answer this question.

This corporation **DOES** ☐ **DOES NOT** ☐ have members.

**10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)**

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: **[Underlined portion pertains to business corporations only]**

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
  - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
  - (b) the consumer fraud laws of that jurisdiction, or
  - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box **must** be marked:

**YES** ☐ **NO** ☒

If "YES", the following information **must be submitted** as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- |   |  |
|---|--|
| 1. Full name and prior names used.                          | 5. Date and location of birth.   |
| 2. Full birth name.   | 6. Social Security Number  |
| 3. Present home address.                                    | 7. The nature and description of each conviction or judicial action;                                   |
| 4. Prior addresses (for immediate preceding 7 year period). | the date and location; the court and public agency involved, and the file or cause number of the case. |

**11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623)**

A) Has the corporation filed a petition for bankruptcy or appointed a receiver?

One box **must** be marked:

**YES** ☐ **NO** ☒

B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity **OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any other corporation** which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

**[Underlined portion pertains to business corporations only]**

One box **must** be marked:

**YES** ☐ **NO** ☒

If "YES" to A and/or B, the following information **must be submitted** as an attachment to this report for each person subject to the statement above.

1. The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

**12. SIGNATURES:** Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Dora A. Blackwood

Date 7/31/2007

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature

*Dora A. Blackwood*

Signature \_\_\_\_\_

Title Vice President & Secretary

Title \_\_\_\_\_

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)