

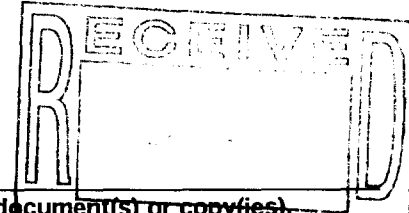
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RECORDATION FORM COVER SHEET
TRADEMARKS ONLY



TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID # _____
- Correction of PTO Error
Reel # _____ Frame # _____
- Corrective Document
Reel # _____ Frame # _____

Conveyance Type

- Assignment
- Security Agreement
- Merger
- Change of Name
- Other _____
- License
- Nunc Pro Tunc Assignment
Effective Date
Month Day Year
04 09 1999

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name Medical Care of America, Inc.

04 09 1999

Formerly _____

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association

Other _____

Citizenship/State of Incorporation/Organization Delaware

Receiving Party

Mark if additional names of receiving parties attached

Name Healthtrust, Inc. - The Hospital Company

DBA/AKA/TA _____

Composed of _____

Address (line 1) One Park Plaza

Address (line 2) _____

Address (line 3) Nashville TN/USA 37203
City State/Country Zip Code

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

Other _____

Citizenship/State of Incorporation/Organization Delaware

05/21/1999 MTHA11 00000062 186441Y

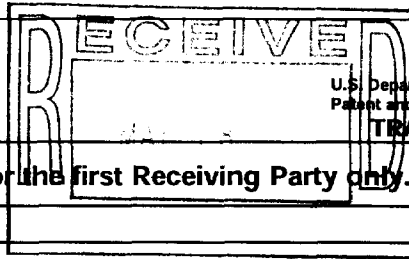
FOR OFFICE USE ONLY

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Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK
REEL: 001899 FRAME: 0863



Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text" value="1,864,411"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Michael K. Cantwell

Name of Person Signing

Signature

5/18/99

Date Signed

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"MEDICAL CARE AMERICA, INC.", A DELAWARE CORPORATION,

"WESTERN PLAINS REGIONAL HOSPITAL, INC.", A KANSAS CORPORATION,

WITH AND INTO "HEALTHTRUST, INC. - THE HOSPITAL COMPANY" UNDER THE NAME OF "HEALTHTRUST, INC. - THE HOSPITAL COMPANY", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE NINTH DAY OF APRIL, A.D. 1999, AT 4 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



2060115 8100M

991141154

Edward J. Freel
Edward J. Freel, Secretary of State

9680593

AUTHENTICATION:

04-12-99

DATE:

TRADEMARK

REEL: 001899 FRAME: 0865

CERTIFICATE OF MERGER
OF
MEDICAL CARE AMERICA, INC.
AND
WESTERN PLAINS REGIONAL HOSPITAL, INC.
INTO
HEALTHTRUST, INC. - THE HOSPITAL COMPANY

Pursuant to Section 252 of the
Delaware General Corporation Law

HealthTrust, Inc. - The Hospital Company, a Delaware corporation, DOES
HEREBY CERTIFY:

FIRST: The name and the state of incorporation of each of the constituent
corporations to the merger are as follows:

<u>Name</u>	<u>State of Incorporation</u>
HealthTrust, Inc. - The Hospital Company	Delaware
Medical Care America, Inc.	Delaware
Western Plains Regional Hospital, Inc.	Kansas

SECOND: An Agreement and Plan of Merger between the constituent
corporations to the merger (the "Merger Agreement") has been approved, adopted, certified,
executed and acknowledged by each of the constituent corporations to the merger in accordance
with the requirements of Section 251 of the Delaware General Corporation Law.

THIRD: The name of the surviving corporation (the "Surviving
Corporation") in the merger is HealthTrust, Inc. - The Hospital Company.

FOURTH: The Certificate of Incorporation of HealthTrust, Inc. - The Hospital Company shall be Certificate of Incorporation of the Surviving Corporation.

FIFTH: The executed Merger Agreement is on file at the principal place of business of the Surviving Corporation. The address of the principal place of business of the Surviving Corporation is One Park Plaza, Nashville, Tennessee 37203.

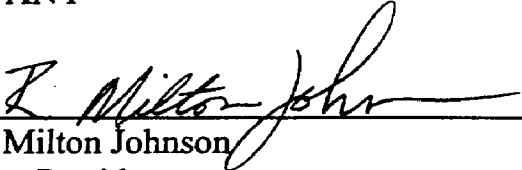
SIXTH: A copy of the Merger Agreement will be furnished by the Surviving Corporation, on request and without cost, to any stockholder of any constituent corporation.

SEVENTH: This Certificate of Merger shall be effective on April 9th, 1999.

IN WITNESS WHEREOF, this Certificate of Merger has been executed on this

8th day of April, 1999.

HEALTHTRUST, INC. - THE HOSPITAL
COMPANY

By: 
R. Milton Johnson
Vice President

CERTIFICATE OF MERGER

OF

MEDICAL CARE AMERICA, INC.

AND

WESTERN PLAINS REGIONAL HOSPITAL, INC.

INTO

HEALTHTRUST, INC. - THE HOSPITAL COMPANY

Pursuant to Section 17-6702 of the
Kansas General Corporation Code

HealthTrust, Inc. - The Hospital Company, a Delaware corporation, DOES
HEREBY CERTIFY:

FIRST: The name and the state of incorporation of each of the constituent
corporations to the merger are as follows:

<u>Name</u>	<u>State of Incorporation</u>
HealthTrust, Inc. - The Hospital Company	Delaware
Medical Care America, Inc.	Delaware
Western Plains Regional Hospital, Inc.	Kansas

SECOND: An Agreement and Plan of Merger between the constituent
corporations to the merger (the "Merger Agreement") has been approved, adopted, certified,
executed and acknowledged by each of the constituent corporations to the merger in accordance
with the requirements of Section 17-6702 of the Kansas General Corporation Code.

THIRD: The name of the surviving corporation (the "Surviving
Corporation") in the merger is HealthTrust, Inc. - The Hospital Company.

8th day of April, 1999. IN WITNESS WHEREOF, this Certificate of Merger has been executed on this

HEALTHTRUST, INC. - THE HOSPITAL
COMPANY

By: R. Milton Johnson
R. Milton Johnson
Vice President

Attest:

By: John M. Franck II
John M. Franck II
Secretary

Dated: April 8, 1999

FOURTH: The Certificate of Incorporation of HealthTrust, Inc. - The Hospital Company shall be the Certificate of Incorporation of the Surviving Corporation.

FIFTH: The executed Merger Agreement is on file at the principal place of business of the Surviving Corporation. The address of the principal place of business of the Surviving Corporation is One Park Plaza, Nashville, Tennessee 37203.

SIXTH: A copy of the Merger Agreement will be furnished by the Surviving Corporation, on request and without cost, to any stockholder of any constituent corporation.

SEVENTH: The Surviving Corporation agrees that it may be served with process in the State of Kansas for the purposes specified in Section 17-6702 of the Kansas General Corporation Code and irrevocably appoints the Secretary of State of the State of Kansas as its agent to accept service of process in connection therewith and directs that a copy of any such process be mailed to its address set forth above.

EIGHTH: This Certificate of Merger shall be effective on April 9, 1999.

CERTIFICATE OF THE KANSAS SECRETARY OF STATE

Registration No. 209-174-9

I hereby certify the above and foregoing to be true and correct copy of the original filed with the Kansas Secretary of State. Certified on this date April 9, 1999

RON THORNBURGH, Secretary of State