Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	Washington, DC 20510

SECRETARY OF THE SE
04 JAN 16 AM 10:

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐ 1. Effective Date of Registration 1/1/2004

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Latham & Watkins LLP

Address 555 Eleventh Street, NW, Suite 1000

City Washington State DC Zip 20004

4. Principal place of business (if different from line 3)

City State/Zip (or Country)

5. Telephone number and contact name

(202) 637-2200 Contact Phil Perry E-mail (optional)

6. General description of registrant's business or activities

Law Firm

CLIENT

*A **Lobbying firm** is required to file a separate registration for each client. **Organizations employing in-house lobbyists** should che*

labeled "Self" and proceed to line 10. ☐ *Self*

7. Client name HCA, Inc.

Address One Park Plaza, Building One, PO Box 550

City Nashville State TN Zip 37203

8. Principal place of business (if different from line 7)

City State/Zip (or Country)

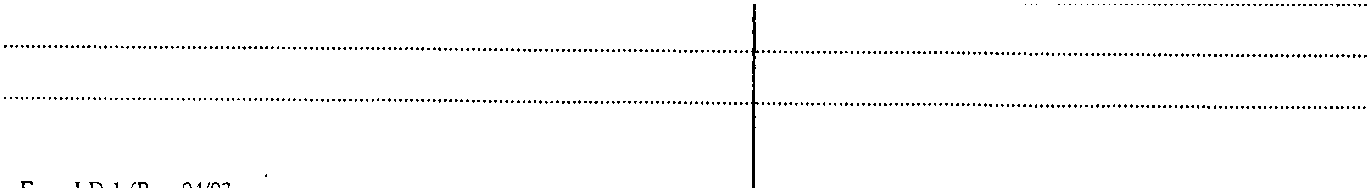
9. General description of client's business or activities

Managed healthcare

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any in this section has served as a "covered executive branch official" or "covered legislative branch official" within two acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicable)
Philip J. Perry	General Counsel, OMB



Registrant Name Latham & Watkins LLP Client Name HCA, Inc.

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, I

HCR

12. Specific lobbying issues (current and anticipated)

Department of Health & Human Services legal issues regarding Medicare Regulations

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the regi a semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbying activit

☑ No ➪ Go to line 14. ☐ Yes ⇩ Complete the rest of this section for each entity matchi criteria above, then proceed to line 14.

Name	Address	Principal Place of Bus (city and state or coun

FOREIGN ENTITIES

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **or**
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsi activities of the client or any organization identified on line 13; **or**
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the ou of the lobbying activity?

☑ No ➪ Sign and date the registration. ☐ Yes ⇩ Complete the rest of this section for ea matching the criteria above, then sign a registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature _____ Date 1/05/03

Printed Name and Title Philip J. Perry

Form LD-1 (Rev. 04/03)