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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) -All Filers Are Required to Complete This Page

1. Registrant Name Latham & Watkins LLP			
2. Registrant Address <input checked="" type="checkbox"/> Check if different than previously reported Address 555 11th Street, N.W. Suite 1000 City Washington State/Zip (or Country) DC 20004 USA			
3. Principal Place of Business (if different from line 2) City State/Zip (or Country)			
4. Contact Name Edward Correia		Telephone (202) 637-2200	E-mail (optional) 5. Senate ID #
7. Client Name <input type="checkbox"/> Self HCA, Inc.		6. House ID #	

00000373181

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-Decer

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report >> Termination Date _____ 11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ Income (nearest \$20,000)	EXPENSES relating to lobbying activities for this report period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000)
Provide a good faith estimate, rounded to the nearest \$20,000 of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of method. <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6033(t) the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature

Edward Correia

Date 8/16/2004

Name: Latham & Watkins LLP

Client Name: HCA, Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.**

15. General issue area code HCR (one per page)

16. Specific Lobbying issues
Legal issues regarding Medicare issues.

17. House(s) of Congress and Federal agencies contacted Check if None
Department of Health & Human Services

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18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Fisher, Alice	Deputy Assistant Attorney General, U.S. DOJ
Perry, Philip	General Counsel, OMB

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date 8/16/2004

Registrant Name Latham & Watkins LLP Client Name HCA Inc

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

Country

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

First Name

Last Name

Suffix

First Name

Last Name

Suffix

1

Philip

Perry

3

2

4

ISSUE UPDATE

Find the code to select below.

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owner percent client
	Street Address City State/Province Country	City State Country		

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, client or affiliated organization

1

3

5

2

4

6

Add a page for more up.

Printed Name and Title _____

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