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LOBBYING REPORT

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

1. Registrant Name FH/GPC			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 601 13th Street, N.W. Suite 410 South City Washington State/Zip (or Country) DC 20005			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Jeremy Shields	Telephone 202-737-0100	E-mail (optional) shieldsj@fh-gpc.com	5. Senate ID # 40362-1178
7. Client Name <input type="checkbox"/> Self St. Francis Hospital			6. House ID # 30174107

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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

10. Check if this is a Termination Report >> Termination Date 12/31/2002 11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$40,000.00</u> Income (nearest \$20,000)</p> <p>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).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$ _____)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6013 of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Robert A. Davis

Date 2/14/2003

Signature _____

Printed Name and Title **Philip Diehl - President & COO** _____]

Registrant Name: FH/GPC

Client Name: St. Francis Hospital

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 MMM (one per page)

16. Specific Lobbying issues

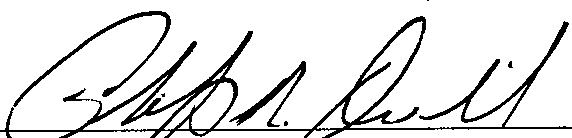
- HR. 4954, Medicare Modernization and Prescription Drug Act of 2002, Medicare Modernization and Reform**
- Medicare payment issues, no specific legislation**
- Patients Bill of Rights, no specific legislation**
- Physician Anti-Trust Exemption, no specific legislation**
- Medicare Prescription Drug benefits, pending legislation**

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

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

Name	Covered Official Position (if applicable)
Cooper, Stephen	
Jacob, Amy	

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

Signature  Date 2/14/2003

Registrant Name: FH/GPCClient Name: St. Francis Hospital**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

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

City _____ State/Zip (or 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
Cooper, Stephen
Jacob, Amy

ISSUE UPDATE24. General lobbying issues previously reported that **no longer** pertain**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

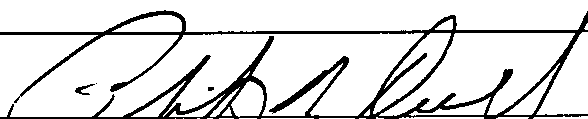
26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client**FOREIGN ENTITIES**

27. Add the following foreign entities

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

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

Signature _____


Date 2/14/2003

