

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J99436 (4)**

1. Corporation Name
TAMARAC ACQUISITION CORPORATION



Principal Place of Business: **ONE PARK PLAZA, 110 NORTH MAGNOLIA STREET, NASHVILLE TN 37203, US**
Mailing Address: **PO BOX 570, ATTN: TAX DEPT, NASHVILLE TN 37202, US**

3. Date incorporated or Qualified: **10/29/1987**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **62-1335050**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
PRENTICE HALL CORPORATION SYSTEM, INC., 110 NORTH MAGNOLIA STREET, TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent (81-85)
81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): **1201 Hays Street**
83 [Blank]
84 City: [Blank] 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	P	MOEN, DANIEL J	<input type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE TN	
CITY - ST - ZIP			
TITLE	DVPS	BRAUN, STEPHEN	<input type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE TN	
CITY - ST - ZIP			
TITLE	DVPT	COLBY, DAVID C	<input type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE TN	
CITY - ST - ZIP			
TITLE	DVP	SCHWEINHART, RICHARD A	<input type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE TN	
CITY - ST - ZIP			
TITLE	V	MALONE, DAVID J., JR.	<input checked="" type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE TN	
CITY - ST - ZIP			
TITLE	VPS	DAUGHERTY, BETTYE D.	<input checked="" type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE TN	
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same	
1.3 STREET ADDRESS	7975 NW 154th St, #400A	
1.4 CITY - ST - ZIP	Miami Lakes, FL 33616	
2.1 TITLE	DIV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John M Franck	
5.3 STREET ADDRESS	One Park Plaza	
5.4 CITY - ST - ZIP	Nashville TN 37203	
6.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	R. Milton Johnson	
6.3 STREET ADDRESS	One Park Plaza	
6.4 CITY - ST - ZIP	Nashville, TN 37203	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. Milton Johnson* DATE: **4/3/96** (615) 327-9551

CR2E034 (12/95)