

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000029511 (1)

1. Corporation Name
ORLANDO DEPRESSION CENTER, INC.



Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203 US	Mailing Address PO BOX 370 ATTN: TAX DEPT NASHVILLE TN 37202-0570 US	3. Date Incorporated or Qualified 04/22/1993	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. PO Box 750	27. Nashville TN	28. 37202	29. USA	4. FEI Number 59-3182237	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301					10. Name and Address of New Registered Agent				
81. Name					82. Street Address (P.O. Box Number is Not Acceptable)				
83.					84. City				
					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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOEN, DANIEL J	1.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEINHART, RICHARD A.	2.2 NAME	Elton, Rosalyn
STREET ADDRESS	ONE PARK PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, STEPHEN T	3.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	3.4 CITY - ST - ZIP	
TITLE	SVT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBY, DAVID C	4.2 NAME	Donahay, Kenneth
STREET ADDRESS	ONE PARK PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, R. MILTON	5.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	5.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	5.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCK, JOHN M.	6.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	6.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver 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: _____ DATE: **4/20/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)