

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 # **F94000001979 (3)**

1. Corporation Name
ORND A OF SOUTH FLORIDA, INC.



Principal Place of Business: SUITE 700, 3401 WEST END AVENUE, NASHVILLE TN 37203
Mailing Address: SUITE 700, 3401 WEST END AVENUE, NASHVILLE TN 37203

2. Principal Place of Business: 21 SUITE, Apt. #, etc.
22 City & State
23 Zip: 24 Country: 25
2a. Mailing Address: 26 P.O. BOX 1200
27 Suite, Apt. #, etc.
28 City & State: NASHVILLE, TN
29 Zip: 32002-1200 30 Country

3. Date Incorporated or Qualified: 04/18/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0482175
NOT APPLICABLE
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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PCEO	NAME: AMARAL, DONALD J	1.1 TITLE: <input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 3401 WEST END AVENUE SUITE 700	CITY-ST-ZIP: NASHVILLE TN	1.2 NAME: William L. Hough
TITLE: VD	NAME: PITTS, KEITH B	1.3 STREET ADDRESS:
STREET ADDRESS: 3401 WEST END AVENUE	CITY-ST-ZIP: NASHVILLE TN	1.4 CITY-ST-ZIP:
TITLE: S	NAME: SOLTMAN, RONALD P	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3401 WEST END AVE STE700	CITY-ST-ZIP: NASHVILLE TN	2.2 NAME:
TITLE: AS	NAME: ABBOTT, KAREN H	2.3 STREET ADDRESS:
STREET ADDRESS: 3401 WEST END AVENUE	CITY-ST-ZIP: NASHVILLE TN 37203	2.4 CITY-ST-ZIP:
TITLE: T	NAME: TONNIES, RUSSELL F	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3401 WEST END AVENUE	CITY-ST-ZIP: NASHVILLE TN 37203	3.2 NAME:
TITLE: VPD	NAME: BURKLOW, BRYAN D	3.3 STREET ADDRESS:
STREET ADDRESS: 17300 NW 7TH AVENUE SUITE 204	CITY-ST-ZIP: MIAMI FL	3.4 CITY-ST-ZIP:
TITLE: T	NAME: TONNIES, RUSSELL F	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3401 WEST END AVENUE	CITY-ST-ZIP: NASHVILLE TN 37203	4.2 NAME:
TITLE: T	NAME: TONNIES, RUSSELL F	4.3 STREET ADDRESS:
STREET ADDRESS: 3401 WEST END AVENUE	CITY-ST-ZIP: NASHVILLE TN 37203	4.4 CITY-ST-ZIP:
TITLE: T	NAME: TONNIES, RUSSELL F	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3401 WEST END AVENUE	CITY-ST-ZIP: NASHVILLE TN 37203	5.2 NAME:
TITLE: T	NAME: TONNIES, RUSSELL F	5.3 STREET ADDRESS:
STREET ADDRESS: 3401 WEST END AVENUE	CITY-ST-ZIP: NASHVILLE TN 37203	5.4 CITY-ST-ZIP:
TITLE: T	NAME: TONNIES, RUSSELL F	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3401 WEST END AVENUE	CITY-ST-ZIP: NASHVILLE TN 37203	6.2 NAME:
TITLE: T	NAME: TONNIES, RUSSELL F	6.3 STREET ADDRESS:
STREET ADDRESS: 3401 WEST END AVENUE	CITY-ST-ZIP: NASHVILLE TN 37203	6.4 CITY-ST-ZIP:

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Dominick Bianco

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 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: *Karen H. Abbott* Karen H. Abbott 6/18/96 615-383-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)