

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

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AND
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1997 MAR 25 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001979 (3)
1. Corporation Name
ORNDA OF SOUTH FLORIDA, INC.



Principal Place of Business SUITE 700 3401 WEST END AVENUE NASHVILLE TN 37203	Mailing Address PO BOX 1200 NASHVILLE TN 37202
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2. Principal Place of Business 21 3820 State Street Suite, Apt. #, etc. 22 City & State 23 Santa Barbara, CA Zip 24 93105 Country 25 USA	2a. Mailing Address 26 c/o Mary H. Yumibe Suite, Apt. #, etc. 27 3820 State Street City & State 28 Santa Barbara, CA Zip 29 93105 Country 30 USA
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3. Date Incorporated or Qualified 04/18/1994	3a. Date of Last Report 04/02/1996
4. FEI Number 65-0482175	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	500002123875--8 -03/25/97--01085--002 ****165.0PL****165.00
84 City	

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POEO	1.1 TITLE	P
NAME	HOUGH, WILLIAM L	1.2 NAME	Michael H. Focht, Sr.
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	1.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	VD	2.1 TITLE	DVS
NAME	PITTS, KEITH B	2.2 NAME	Scott M. Brown
STREET ADDRESS	3401 WEST END AVENUE	2.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	S	3.1 TITLE	VCFO
NAME	SOLTMAN, RONALD P	3.2 NAME	Trevor Fetter
STREET ADDRESS	3401 WEST END AVE STE700	3.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	AS	4.1 TITLE	VT
NAME	ABBOTT, KAREN H	4.2 NAME	Terence P. McMullen
STREET ADDRESS	3401 WEST END AVENUE	4.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	NASHVILLE TN 37203	4.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	T	5.1 TITLE	AS
NAME	TONNIES, RUSSELL F	5.2 NAME	Alan Lundgren
STREET ADDRESS	3401 WEST END AVENUE	5.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	NASHVILLE TN 37203	5.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	VPD	6.1 TITLE	
NAME	BIANCO, DOMINICK	6.2 NAME	
STREET ADDRESS	17300 NW 7TH AVENUE SUITE 204	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael H. Focht, Sr.	
1.3 STREET ADDRESS	3820 State Street	
1.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
2.1 TITLE	DVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Scott M. Brown	
2.3 STREET ADDRESS	3820 State Street	
2.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
3.1 TITLE	VCFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Trevor Fetter	
3.3 STREET ADDRESS	3820 State Street	
3.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
4.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Terence P. McMullen	
4.3 STREET ADDRESS	3820 State Street	
4.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Alan Lundgren	
5.3 STREET ADDRESS	3820 State Street	
5.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Scott M. Brown Secretary 3/13/97 805/563-7075

CR2E034 (9/96)