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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000001979

1. Corporation Name ORNDA OF SOUTH FLORIDA, INC.

Principal Place of Business

3820 STATE STREET SANTA BARBARA CA 93105

Mailing Address

% MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24

26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent

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

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, thereby 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, applicable

(Both Registered Agent and corporation must file this form)

DATE

12. OFFICERS AND DIRECTORS

Table with columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for PRES FOCHT, MICHAEL H SR., VSD BROWN, SCOTT M, VCFO FETTER, TREVOR, VT MCMULLEN, TERENCE P, AS LUNDGREN, ALAN.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns: 11 TITLE, 12 NAME, 13 STREET ADDRESS, 14 CITY-ST-ZIP, 21 TITLE, 22 NAME, 23 STREET ADDRESS, 24 CITY-ST-ZIP, 31 TITLE, 32 NAME, 33 STREET ADDRESS, 34 CITY-ST-ZIP, 41 TITLE, 42 NAME, 43 STREET ADDRESS, 44 CITY-ST-ZIP, 51 TITLE, 52 NAME, 53 STREET ADDRESS, 54 CITY-ST-ZIP, 61 TITLE, 62 NAME, 63 STREET ADDRESS, 64 CITY-ST-ZIP. Includes entry for DVS Richard B. Silver.

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(g), 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. 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, with all other like empowered.

SIGNATURE: Caitlin M. Larsen, Asst. Sec. 4/9/99 805/563-7075