


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000001979 1. Entity Name ORNDA OF SOUTH FLORIDA, INC.	
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FILED

04 MAR -3 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

Principal Place of Business 3820 STATE STREET SANTA BARBARA, CA 93105	Mailing Address % MARY BYRON Sherrie Smith 3820 STATE STREET SANTA BARBARA, CA 93105
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #., etc.	Suite, Apt. #., etc.
City & State	City & State
Zip	Country

01052004	Chg-P	CR2E034 (10/03)
4. FEI Number 65-0482175	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	STEIGMAN, DONALD S
STREET ADDRESS	500 W. CYPRESS CREEK RD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	DVS <input checked="" type="checkbox"/> Delete
NAME	SILVER, RICHARD B
STREET ADDRESS	3820 STATE STREET
CITY-ST-ZIP	SANTA BARBARA, CA 93105
TITLE	T <input type="checkbox"/> Delete
NAME	DENT, DENNIS L
STREET ADDRESS	3820 STATE STREET
CITY-ST-ZIP	SANTA BARBARA, CA 93105
TITLE	AS <input checked="" type="checkbox"/> Delete
NAME	LARSEN, CAITLIN
STREET ADDRESS	3820 STATE STREET
CITY-ST-ZIP	SANTA BARBARA, CA 93105
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	40002982235
STREET ADDRESS	03/03/04--01062--001 **1769S.C.
CITY-ST-ZIP	
TITLE	Director/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caitlin M. Larsen
STREET ADDRESS	3820 State Street
CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kristina A. Mack
STREET ADDRESS	3820 State Street
CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kristina A. Mack Kristina A. Mack, Asst. Secretary 2/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #