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

PROFIT CORPORATION ANNUAL REPORT 1999

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

055061

DOCUMENT # **F95000003298**

1. Corporation Name
ORNDA HEALTHCORP OF 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
07/10/1995

4. FEI Number
95-3791901
[ ] Applied For
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [X] 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 reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	[X] DELETE	1 TITLE	P	[ ] Change [X] Addition
NAME	DENARVAEZ, DENNY		1 NAME	Joel Bergenfeld	
STREET ADDRESS	3820 STATE STREET		1 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	SANTA BARBARA CA 93105		1 CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	VSD	[X] DELETE	2 TITLE	DVS	[ ] Change [X] Addition
NAME	BROWN, SCOTT M		2 NAME	Richard B. Silver	
STREET ADDRESS	3820 STATE STREET		2 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	SANTA BARBARA CA 93105		2 CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	EVCF	[ ] DELETE	3 TITLE		[ ] Change [ ] Addition
NAME	FETTER, TREVOR		3 NAME		
STREET ADDRESS	3820 STATE STREET		3 STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA CA 93105		3 CITY-ST-ZIP		
TITLE	VT	[ ] DELETE	4 TITLE		[ ] Change [ ] Addition
NAME	MCMULLEN, TERENCE P		4 NAME		
STREET ADDRESS	3820 STATE STREET		4 STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA CA 93105		4 CITY-ST-ZIP		
TITLE	AS	[X] DELETE	5 TITLE	AS	[ ] Change [X] Addition
NAME	LUNDGREN, ALAN		5 NAME	Caitlin M. Larsen	
STREET ADDRESS	3820 STATE STREET		5 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	SANTA BARBARA CA 93105		5 CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE		[ ] DELETE	6 TITLE		[ ] Change [ ] Addition
NAME			6 NAME		
STREET ADDRESS			6 STREET ADDRESS		
CITY-ST-ZIP			6 CITY-ST-ZIP		

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4-19-99

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14. 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 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, with all other like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #