

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

FILED
Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004437 (7)

1. Corporation Name
ORNDA HOSPITAL CORPORATION



Principal Place of Business: 3401 W END AVE #700 NASHVILLE TN 37203
Mailing Address: 3401 W END AVE #700 NASHVILLE TN 37203-1070

3. Date Incorporated or Qualified: 08/28/1996
3a. Date of Last Report
4. FEI Number: 95-3789009
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

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

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	HOUGH, WILLIAM L	
STREET ADDRESS	3401 W END AVE #700	
CITY- ST- ZIP	NASHVILLE TN 37203	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	HOUGH, WILLIAM L	
STREET ADDRESS	3401 W END AVE #700	
CITY- ST- ZIP	NASHVILLE TN 37203	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	HOUGH, WILLIAM L	
STREET ADDRESS	3401 W END AVE #700	
CITY- ST- ZIP	NASHVILLE TN 37203	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PITTS, KEITH B	
STREET ADDRESS	3401 W END AVE #700	
CITY- ST- ZIP	NASHVILLE TN 37203	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	PITTS, KEITH B	
STREET ADDRESS	3401 W END AVE #700	
CITY- ST- ZIP	NASHVILLE TN 37203	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	SOLTMAN, RONALD P	
STREET ADDRESS	3401 W END AVE #700	
CITY- ST- ZIP	NASHVILLE TN 37203	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AS
5.3 STREET ADDRESS	Abbott, Karen H.
5.4 CITY- ST- ZIP	3401 West END Avenue Ste 700 Nashville, TN 37203
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: *Karen H. Abbott* 1/8/97 (615) 383-8599
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)