

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

DOCUMENT # F96000004437

1. Corporation Name
ORNDA HOSPITAL CORPORATION

Principal Place of Business

**% MARY YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105**

Mailing Address

**% MARY YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105**

2. Principal Place of Business

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

2a. Mailing Address

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

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. 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, if applicable,

(if the Registered Agent is not the corporation)

(DT)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FOCHT, MICHAEL H SR.	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	FETTER, TREVOR	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	LUNDGREN, ALAN	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	FETTER, TREVOR	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
12 NAME	300002848423-3
13 STREET ADDRESS	-04/22/99-01118-020
14 CITY-ST-ZIP	****150.00 ****150.00
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
16 NAME	DVS
17 STREET ADDRESS	Richard B. Silver
18 CITY-ST-ZIP	3820 State Street
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
20 NAME	Santa Barbara, CA 93105
21 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
22 CITY-ST-ZIP	AS
23 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
24 NAME	Caitlin M. Larsen
25 STREET ADDRESS	3820 State Street
26 CITY-ST-ZIP	Santa Barbara, CA 93105
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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. 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*

Caitlin M. Larsen, Asst. Sec.

4/9/99

805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DT

DATE FILED

08/28/1996 09:29



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1996

4. FEI Number

95-3789009

Applicable or 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 No

10. Name and Address of New Registered Agent

0555063

CR2E034 (1/198)

Handwritten initials and date: JB 4-19-99