

**. 2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
05 APR 28 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F96000004437
1. Entity Name
ORNDA HOSPITAL CORPORATION

Principal Place of Business % SHERRIE SMITH 3820 STATE STREET SANTA BARBARA, CA 93105	Mailing Address % SHERRIE SMITH 3820 STATE STREET SANTA BARBARA, CA 93105
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2. Principal Place of Business 13737 Noel Road	3. Mailing Address 13737 Noel Road
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Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
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City & State Dallas, TX	City & State Dallas, TX
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Zip 75240	Country USA	Zip 75240	Country USA
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01072005 Chg-P CR2E034 (10/03)

4. FEI Number 95-3789009	Applied For <input type="checkbox"/> 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 SMITH, W. RANDOLPH	
STREET ADDRESS 3820 STATE STREET	
CITY-ST-ZIP SANTA BARBARA, CA 93105	
TITLE SD	<input type="checkbox"/> Delete
NAME LARSEN, CAITLIN M	
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 type="checkbox"/> Delete
NAME MACK, KRISTINA A	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500054231035
05/10/05--01048--020 **150.00

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 3/10/05 805-563-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #