


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 16 PM 1:00

DOCUMENT # F96000004437

1. Entity Name
ORNDA HOSPITAL CORPORATION



Principal Place of Business Mailing Address

13737 NOEL ROAD 13737 NOEL ROAD
STE 100 STE 100
DALLAS, TX 75240 DALLAS, TX 75240

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01122007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

95-3789009 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code
	FL

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 re-stating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, W. RANDOLPH ✓ 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240 500 W OLYMPIA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Jeffery Flocken 13737 Noel Rd Ste 100 Dallas TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARSEN, CAITLIN M 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERMAN, JEFFREY S 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100097959551 04/23/07--01016--026 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MACK, KRISTINA A 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 information.

SIGNATURE: Caitlin Larsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caitlin Larsen, Secretary/Director 1/22/07
469-893-2701