

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P20545

(0)

1. Corporation Name

ORNDA HEALTHCORP INC.

Principal Place of Business

**3401 W. END AVE.
SUITE 700
NASHVILLE TN 37203**

Mailing Address

**3401 W. END AVE.
SUITE 700
NASHVILLE TN 37203**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/19/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

75-1776092

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYE ST.
STE. 105
TALLAHASSEE FL 32301**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**CPCO
MARTIN, CHARLES J
3401 WEST END AVENUE, STE. 700
NASHVILLE TN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VS
JOHNSON, JAMES H.
3401 WEST END AVENUE, STE. 700
NASHVILLE TN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VT
TONNIES, RUSSELL F.
3401 WEST END AVENUE, STE. 700
NASHVILLE TN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**EVPC
PITTS, KEITH B
3401 WEST END AVENUE, STE. 700
NASHVILLE TN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SVPO
ANDERSON, BEVERLY S
3401 WEST END AVENUE, STE. 700
NASHVILLE TN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SVPO
BRANDT, STEVEN
3401 WEST END AVENUE, STE. 700
NASHVILLE TN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

OT/CICED

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

**V/S
Ronald P. Saltman
3401 West End Ave. Ste. 700
Nashville, TN 37203**

☒ Change ☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

EV/CFO

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

EV/CFO

☒ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

**V/AS
Richard A. Parr II
3401 West End Ave. Ste. 700
Nashville, TN 37203**

☒ Change ☒ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

**AS
Karen H. Abbott
3401 West End Ave. Ste. 700
Nashville, TN 37203**

☒ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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

Karen H. Abbott

4/20/95 615-383-9599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number