FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P20545** **(0)**

1. Corporation Name

ORNDA HEALTHCORP INC.

Principal Place of Business	Mailing Address
3401 W. END AVE. SUITE 700 NASHVILLE TN 37203	3401 W. END AVE. SUITE 700 NASHVILLE TN 37203

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 1200
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28 Nashville, TN
Zip / Country	Zip / Country
24 / 25	29 37202-1200 / 30

3. Date Incorporated or Qualified: **08/19/1988**

3a. Date of Last Report: **05/01/1995**

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~~

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent must manually sign this statement.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCCE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, CHARLES J		1.2 NAME	
STREET ADDRESS	3401 WEST END AVENUE, STE. 700		1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN		1.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SOLTMAN, RONALD P		2.2 NAME	
STREET ADDRESS	3401 WEST END AVENUE, STE. 700		2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN		2.4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TONNIES, RUSSELL F.		3.2 NAME	
STREET ADDRESS	3401 WEST END AVENUE, STE. 700		3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN		3.4 CITY-ST-ZIP	
TITLE	EVCF	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PITTS, KEITH B		4.2 NAME	
STREET ADDRESS	3401 WEST END AVENUE, STE. 700		4.3 STREET ADDRESS	
CITY-ST-ZIP	NAHSVILLE TN		4.4 CITY-ST-ZIP	
TITLE	VAS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PARR, RICHARDS A II		5.2 NAME	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700		5.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN		5.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ABBOTT, KAREN H		6.2 NAME	
STREET ADDRESS	3401 WEST END AVENUE, STE. 700		6.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN		6.4 CITY-ST-ZIP	

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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 119.07(3)(k), 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 5/7/96 615-383-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)