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1997 MAR 25 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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



DOCUMENT # P20545

1. Corporation Name

~~GRNDA HEALTHCORP INC.~~

Senet Healthsystem Healthcorp, Inc

Principal Place of Business

3401 W. END AVE.
SUITE 700
NASHVILLE TN 37203

Mailing Address

PO BOX 1200
NASHVILLE TN 37202



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3820 State Street		26 c/o Mary H. Yumibe		08/19/1988		04/02/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied for Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Santa Barbara, CA		28 Santa Barbara, CA		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Zip		29 Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
24 93105		29 93105		10. Name and Address of New Registered Agent			
25 Country		30 Country					
25 USA		30 USA					

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

600002123876-5
03/25/97-01085-003
****165.00 FL ****165.00

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's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DOCE	1.1 TITLE	P
NAME	MARTIN, CHARLES J	1.2 NAME	Michael H. Focht, Sr.
STREET ADDRESS	3401 WEST END AVENUE, STE. 700	1.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	VS	2.1 TITLE	DVS
NAME	SOLTMAN, RONALD P	2.2 NAME	Scott M. Brown
STREET ADDRESS	3401 WEST END AVENUE, STE. 700	2.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	VT	3.1 TITLE	VCFO
NAME	TONNIES, RUSSELL F.	3.2 NAME	Trevor Fetter
STREET ADDRESS	3401 WEST END AVENUE, STE. 700	3.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	EVOF	4.1 TITLE	VT
NAME	PITTS, KEITH B	4.2 NAME	Terence P. McMullen
STREET ADDRESS	3401 WEST END AVENUE, STE. 700	4.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	NAHSVILLE TN	4.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	VAS	5.1 TITLE	AS
NAME	PARR, RICHARDS A II	5.2 NAME	Alan Lundgren
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	5.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	NASHVILLE TN	5.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	AS	6.1 TITLE	
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	

14. I do 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 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: *Scott M. Brown* Scott M. Brown, Secretary

3/14/97

805/563-7075

CR2E034 (9/96)