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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000029511 (1)

1. Corporation Name
ORLANDO DEPRESSION CENTER, INC.



Principal Place of Business
ONE PARK PLAZA
NASHVILLE TN 37203
US

Mailing Address
PO BOX 370
ATTN: TAX DEPT
NASHVILLE TN 37202-0570
US

3. Date Incorporated or Qualified
04/22/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3182237

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 Suce. Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 PO Box 750
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 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
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOEN, DANIEL J			1.2 NAME			
STREET ADDRESS	ONE PARK PLAZA			1.3 STREET ADDRESS			
CITY - ST - ZIP	NASHVILLE TN			1.4 CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCHWEINHART, RICHARD A.			2.2 NAME			Elton, Rosalyn
STREET ADDRESS	ONE PARK PLAZA			2.3 STREET ADDRESS			
CITY - ST - ZIP	NASHVILLE TN			2.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRAUN, STEPHEN T			3.2 NAME			
STREET ADDRESS	ONE PARK PLAZA			3.3 STREET ADDRESS			
CITY - ST - ZIP	NASHVILLE TN			3.4 CITY - ST - ZIP			
TITLE	SVT	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COLBY, DAVID C			4.2 NAME			Donahay, Kenneth
STREET ADDRESS	ONE PARK PLAZA			4.3 STREET ADDRESS			
CITY - ST - ZIP	NASHVILLE TN			4.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOHNSON, R. MILTON			5.2 NAME			
STREET ADDRESS	ONE PARK PLAZA			5.3 STREET ADDRESS			
CITY - ST - ZIP	NASHVILLE TN			5.4 CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FRANCK, JOHN M.			6.2 NAME			
STREET ADDRESS	ONE PARK PLAZA			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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97
Date

Daytime Phone #

0478887

CR2E034 (9/96)