

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000070401 (3)

1. Corporation Name

THC - HOLLYWOOD, INC.

Principal Place of Business

Mailing Address

1859 VAN BUREN ST
HOLLYWOOD FL 33022-
US 33020

6600 W-CHARLESTON-
SUITE-148-
LAS VEGAS NV-89102-1067-
US



2. Principal Place of Business 21 1859 Van Buren Street		2a. Mailing Address 26 5110 West Sahara Ave.	
22 Suite, Apt. #, etc --		27 Suite, Apt. #, etc. --	
23 City & State Hollywood, Florida		28 City & State Las Vegas, Nevada	
24 Zip 33020	25 Country USA	29 Zip 89102	30 Country USA

3. Date Incorporated or Qualified 10/11/1993	3a. Date of Last Report 02/27/1996
4. FEI Number 65-0441533	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTE, RICHARD L	1.2 NAME	
STREET ADDRESS	6600 W-CHARLESTON #118-	1.3 STREET ADDRESS	5110 West Sahara Avenue
CITY-ST-ZIP	LAS VEGAS NV-	1.4 CITY-ST-ZIP	Las Vegas, NV, 89102
TITLE	P-	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAUGHEN, JAMES R-	2.2 NAME	Lindheimer, Jack H.
STREET ADDRESS	6600 W-CHARLESTON #118-	2.3 STREET ADDRESS	4519 N. Rosemead Blvd.
CITY-ST-ZIP	LAS VEGAS NV-	2.4 CITY-ST-ZIP	Rosemead, CA, 91770
TITLE	VP	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EISEMAN, PAUL R.	3.2 NAME	Thomas, Robert L.
STREET ADDRESS	6600 W-CHARLESTON #118-	3.3 STREET ADDRESS	1144 Mainsail Drive
CITY-ST-ZIP	LAS VEGAS NV-	3.4 CITY-ST-ZIP	Annapolis, MD, 21403
TITLE	CFOD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, WENDY L.	4.2 NAME	
STREET ADDRESS	6600 W-CHARLESTON #118-	4.3 STREET ADDRESS	5110 West Sahara Avenue
CITY-ST-ZIP	LAS VEGAS NV-	4.4 CITY-ST-ZIP	Las Vegas, NV, 89102
TITLE	D	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEISCHMANN, MARTLY	5.2 NAME	Shires, Dana L., Jr., M.D.
STREET ADDRESS	650 CALIFORNIA ST. SUITE 2550 -	5.3 STREET ADDRESS	2111 Swann Avenue
CITY-ST-ZIP	SAN FRANCISCO CA-	5.4 CITY-ST-ZIP	Tampa, FL, 33606
TITLE	Secretary	6.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Kopta, Julia
STREET ADDRESS		6.3 STREET ADDRESS	5110 West Sahara Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Las Vegas, NV, 89102

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]* **REQUIRED**

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

(702) 257-3600

Date

Daytime Phone

CR2E034 (9/96)