

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

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # P95000042157 (4)

1. Corporation Name
HRT OF FLORIDA, INC.



800001765978
-04/02/96--01028--011

Principal Place of Business: 3310 WEST END AVENUE SUITE 400 NASHVILLE TN 37203
Mailing Address: 3310 WEST END AVENUE SUITE 400 NASHVILLE TN 37203

3. Date of Last Report: 05/31/1995
3a. Date of Last Report: 05/31/1995
4. FET Number: 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; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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 filing a change of date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1. TITLE | P/C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2. NAME | David R. Emery |
| STREET ADDRESS | | 3. STREET ADDRESS | 3310 West End Avenue, Suite 400 |
| CITY - ST - ZIP | | 4. CITY - ST - ZIP | Nashville, TN 37203 |
| TITLE | <input type="checkbox"/> DELETE | 2. TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 22. NAME | Timothy G. Wallace |
| STREET ADDRESS | | 23. STREET ADDRESS | 3310 West End Avenue, Suite 400 |
| CITY - ST - ZIP | | 24. CITY - ST - ZIP | Nashville, TN 37203 |
| TITLE | <input type="checkbox"/> DELETE | 3. TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 32. NAME | Roger O. West |
| STREET ADDRESS | | 33. STREET ADDRESS | 3310 West End Avenue, Suite 400 |
| CITY - ST - ZIP | | 34. CITY - ST - ZIP | Nashville, TN 37203 |
| TITLE | <input type="checkbox"/> DELETE | 4. TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 42. NAME | Kenneth D. Stach |
| STREET ADDRESS | | 43. STREET ADDRESS | 3310 West End Avenue, Suite 400 |
| CITY - ST - ZIP | | 44. CITY - ST - ZIP | Nashville, TN 37203 |
| TITLE | <input type="checkbox"/> DELETE | 5. TITLE | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 52. NAME | Fredrick M. Langreck |
| STREET ADDRESS | | 53. STREET ADDRESS | 3310 West End Avenue, Suite 400 |
| CITY - ST - ZIP | | 54. CITY - ST - ZIP | Nashville, TN 37203 |
| TITLE | <input type="checkbox"/> DELETE | 6. TITLE | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 62. NAME | Rita H. Todd |
| STREET ADDRESS | | 63. STREET ADDRESS | 3310 West End Avenue, Suite 400 |
| CITY - ST - ZIP | | 64. CITY - ST - ZIP | Nashville, TN 37203 |

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 this 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, and an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

3/27/96

(615) 269-8175

CR2E034 (12/95)

[Handwritten Signature]
4-2-96