

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

FILED

**May 15 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 # P95000042157 (4)

1. Corporation Name
HRT OF FLORIDA, INC.



Principal Place of Business: **3310 WEST END AVENUE SUITE 400 NASHVILLE TN 37203**
Mailing Address: **3310 WEST END AVENUE SUITE 400 NASHVILLE TN 37203-1033**

3. Date Incorporated or Qualified: **05/31/1995** 3a. Date of Last Report: **04/02/1996**
4. FEI Number: **NOT APPLICABLE** Applied For: 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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21. State, Apt. #, etc.:
22. City & State:
23. Zip, Country:
24. Zip, Country:

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PCD <input type="checkbox"/> DELETE
NAME	EMERY, DAVID R
STREET ADDRESS	3310 WEST END AVENUE SUITE 400
CITY-ST-ZIP	NASHVILLE TN 37203
TITLE	V <input type="checkbox"/> DELETE
NAME	WALLACE, TIMOTHY G
STREET ADDRESS	3310 WEST END AVENUE SUITE 400
CITY-ST-ZIP	NASHVILLE TN 37203
TITLE	V <input type="checkbox"/> DELETE
NAME	WEST, ROGER O
STREET ADDRESS	3310 WEST END AVENUE SUITE 400
CITY-ST-ZIP	NASHVILLE TN 37203
TITLE	V <input type="checkbox"/> DELETE
NAME	STACH, KENNETH D
STREET ADDRESS	3310 WEST END AVENUE SUITE 400
CITY-ST-ZIP	NASHVILLE TN 37203
TITLE	T <input type="checkbox"/> DELETE
NAME	LANGRECK, FREDRICK M
STREET ADDRESS	3310 WEST END AVENUE SUITE 400
CITY-ST-ZIP	NASHVILLE TN 37203
TITLE	S <input type="checkbox"/> DELETE
NAME	TODD, RITA H
STREET ADDRESS	3310 WEST END AVENUE SUITE 400
CITY-ST-ZIP	NASHVILLE TN 37203

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2. NAME	
2.3. STREET ADDRESS	
2.4. CITY-ST-ZIP	
3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2. NAME	
3.3. STREET ADDRESS	
3.4. CITY-ST-ZIP	
4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME	
4.3. STREET ADDRESS	
4.4. CITY-ST-ZIP	
5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME	
5.3. STREET ADDRESS	
5.4. CITY-ST-ZIP	
6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2. NAME	
6.3. STREET ADDRESS	
6.4. CITY-ST-ZIP	

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*****165.00**

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: *Michael W. Cigler* 5/1/97 615/269-8246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)