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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 # **J99436** (4)
1. Corporation Name
TAMARAC ACQUISITION CORPORATION



Principal Place of Business: **ONE PARK PLAZA, 110 NORTH MAGNOLIA STREET, NASHVILLE TN 37203, US**

Mailing Address: **PO BOX 570, ATTN: TAX DEPT, NASHVILLE TN 37202-0570, US**

2. Principal Place of Business: **ONE PARK PLAZA, 110 NORTH MAGNOLIA STREET, NASHVILLE TN 37203, US**

2a. Mailing Address: **PO BOX 750, NASHVILLE TN 37202, USA**

3. Date Incorporated or Qualified: **10/29/1987**

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

4. FEI Number: **62-1335050**

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

9. Name and Address of Current Registered Agent: **PRENTICE HALL CORPORATION SYSTEM, INC., 1201 HAYS STREET, 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 **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	P	<input type="checkbox"/> DELETE
NAME	MOEN, DANIEL J	
STREET ADDRESS	7975 NW 154TH STREE, 400A	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	BY	<input type="checkbox"/> DELETE
NAME	BRAUN, STEPHEN	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	COLBY, DAVID C	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SCHWEINHART, RICHARD A	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NAHSVILLE TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHN M. FRANCK	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TX	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	R MILTON JOHNSON	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fleetwood, Jim
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DSVAS
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Donahay, Kenneth
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Elton, Rosalyn
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	

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, unchanged, or on an attachment with an address.

SIGNATURE: John Franck DATE: 4/20/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)