

**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

DOCUMENT # **L97690 (6)**

1. Corporation Name  
**OAK HILL ACQUISITION, INC.**



Principal Place of Business: **ONE PARK PLAZA NASHVILLE TN 37203 US**  
Mailing Address: **P.O. BOX 570 ATTN: TAX DEPT NASHVILLE TN 37202 US**

3. Date Incorporated or Qualified: **09/05/1990**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **62-4113740 62-1466044**  
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, and Zip/Country.

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PRENTICE HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>P</b>	<b>MOEN, DANIEL J.</b> <input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MOEN, DANIEL J.</b>	<b>ONE PARK PLAZA</b>	1.2 NAME: <b>7975 NW 154th St., #400 A</b>
STREET ADDRESS: <b>NASHVILLE TN</b>		1.3 STREET ADDRESS: <b>Miami Lakes, FL 33016</b>
CITY-ST-ZIP: <b>NASHVILLE TN</b>		1.4 CITY-ST-ZIP: <b>NASHVILLE, TN 37203</b>
TITLE: <b>SDS</b>	<b>BRAUN, STEPHEN T.</b> <input type="checkbox"/> DELETE	2.1 TITLE: <b>N/A</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BRAUN, STEPHEN T.</b>	<b>ONE PARK PLAZA</b>	2.2 NAME: <b>Nashville, TN 37203</b>
STREET ADDRESS: <b>NASHVILLE TN</b>		2.3 STREET ADDRESS: <b>Nashville, TN 37203</b>
CITY-ST-ZIP: <b>NASHVILLE TN</b>		2.4 CITY-ST-ZIP: <b>Nashville, TN 37203</b>
TITLE: <b>SDT</b>	<b>COLBY, DAVID C.</b> <input type="checkbox"/> DELETE	3.1 TITLE: <b>N/A</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>COLBY, DAVID C.</b>	<b>ONE PARK PLAZA</b>	3.2 NAME: <b>Nashville, TN 37203</b>
STREET ADDRESS: <b>NASHVILLE TN</b>		3.3 STREET ADDRESS: <b>Nashville, TN 37203</b>
CITY-ST-ZIP: <b>NASHVILLE TN</b>		3.4 CITY-ST-ZIP: <b>Nashville, TN 37203</b>
TITLE: <b>DS</b>	<b>SCHWEINHART, RICHARD A.</b> <input type="checkbox"/> DELETE	4.1 TITLE: <b>N/A</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SCHWEINHART, RICHARD A.</b>	<b>ONE PARK PLAZA</b>	4.2 NAME: <b>Nashville, TN 37203</b>
STREET ADDRESS: <b>NASHVILLE TN</b>		4.3 STREET ADDRESS: <b>Nashville, TN 37203</b>
CITY-ST-ZIP: <b>NASHVILLE TN</b>		4.4 CITY-ST-ZIP: <b>Nashville, TN 37203</b>
TITLE: <b>V</b>	<b>MOORE, JOSEPH, D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE: <b>N/A</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>MOORE, JOSEPH, D</b>	<b>OEN PARK PLAZA</b>	5.2 NAME: <b>R. Milton Johnson</b>
STREET ADDRESS: <b>NASHVILLE TN</b>		5.3 STREET ADDRESS: <b>One Park Plaza</b>
CITY-ST-ZIP: <b>NASHVILLE TN</b>		5.4 CITY-ST-ZIP: <b>Nashville, TN 37203</b>
TITLE: <b>T</b>	<b>SWAIN, DON D.</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE: <b>N/A</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>SWAIN, DON D.</b>	<b>ONE PARK PLAZA</b>	6.2 NAME: <b>John M. Franck</b>
STREET ADDRESS: <b>NASHVILLE TN</b>		6.3 STREET ADDRESS: <b>One Park Plaza</b>
CITY-ST-ZIP: <b>NASHVILLE TN</b>		6.4 CITY-ST-ZIP: <b>Nashville, TN 37203</b>

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 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: *John Franck* **John Franck** , 4-1-96 (615) 327-9551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo Phone #

CR2E034 (12/95)