

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 393556 (6)
1. Corporation Name
LAKE HOSPITAL AND CLINIC, INC.

Principal Place of Business Mailing Address
1710 FOURTH AVE., NORTH LAKE WORTH FL 23480 **3080 WILLIAMS DR. FAIRFAX VA 22031**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/06/1972	3a. Date of Last Report 04/14/1994
4. FEI Number 59-1377187	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 type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
	Country 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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
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 necessary) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	ANDERSONS, MARIS
STREET ADDRESS	3700 COLORADO AVE
CITY- ST- ZIP	SANTA MONICA CA 90404
TITLE	PD
NAME	BERNSTEIN, RONALD T.
STREET ADDRESS	2700 COLORADO AVE.
CITY- ST- ZIP	SANTA MONICA CA 90404
TITLE	AS
NAME	SILVER, RICHARD B
STREET ADDRESS	2700 COLORADO AVE.
CITY- ST- ZIP	SANTA MONICA CA 90404
TITLE	D
NAME	BRYSON, BRENT J
STREET ADDRESS	3080 WILLIAMS DR.
CITY- ST- ZIP	FAIRFAX VA 22031
TITLE	S
NAME	BROWN, SCOTT M
STREET ADDRESS	2700 COLORADO AVENUE
CITY- ST- ZIP	SANTA MONICA CA
TITLE	CEO
NAME	MATHIASSEN, RAYMOND L
STREET ADDRESS	2700 COLORADO AVENUE
CITY- ST- ZIP	SANTA MONICA CA 90404

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	100001468251
2.3 STREET ADDRESS	-04/28/95--01045--015
2.4 CITY- ST- ZIP	****200.00 ****200.00
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	JA 4/27
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 110.07(2)(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: Scott M. Brown 4/24/95 310/998-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Prefix #
Scott M. Brown, Secretary