

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **1710 FOURTH AVE., NORTH LAKE WORTH FL 23460**
Mailing Address: **3060 WILLIAMS DR. FAIRFAX VA 22031**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Created	3a. Date of Last Report
21. Subst. Apt. #, etc.	26. 2700 Colorado Avenue	01/06/1972	04/27/1995
22. City & State	27. State: Apt. #, etc.	4. FEI Number	Applied For
23. Zip	28. Santa Monica, CA	59-1377187	Not Applicable
24. Country	29. 90404	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. U.S.A.	6. Election Campaign Financing Trust Fund Contributor	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name	393556 718489
82. Street Address (P.O. Box Number is Not Acceptable)	0430/86--01011--003
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP & Asst. Secty. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSONS, MARIS	1.2 NAME	Christi R. Sulzbach
STREET ADDRESS	3700 COLORADO AVE	1.3 STREET ADDRESS	2700 Colorado Avenue
CITY, ST, ZIP	SANTA MONICA CA 90404	1.4 CITY, ST, ZIP	Santa Monica, CA 90404
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP & Asst. Secty. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, RONALD T.	2.2 NAME	David W. Layne
STREET ADDRESS	2700 COLORADO AVE.	2.3 STREET ADDRESS	2700 Colorado Avenue
CITY, ST, ZIP	SANTA MONICA CA 90404	2.4 CITY, ST, ZIP	Santa Monica, CA 90404
TITLE	AS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Asst. Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, RICHARD B	3.2 NAME	Lawrence G. Hixon
STREET ADDRESS	2700 COLORADO AVE.	3.3 STREET ADDRESS	2700 Colorado Avenue
CITY, ST, ZIP	SANTA MONICA CA 90404	3.4 CITY, ST, ZIP	Santa Monica, CA 90404
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYSON, BRENT J	4.2 NAME	Terence. P. McMullen
STREET ADDRESS	3060 WILLIAMS DR.	4.3 STREET ADDRESS	2700 Colorado Avenue
CITY, ST, ZIP	FAIRFAX VA 22031	4.4 CITY, ST, ZIP	Santa Monica, CA 90404
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, SCOTT M	5.2 NAME	Scott M. Brown
STREET ADDRESS	2700 COLORADO AVENUE	5.3 STREET ADDRESS	2700 Colorado Avenue
CITY, ST, ZIP	SANTA MONICA CA	5.4 CITY, ST, ZIP	Santa Monica, CA 90404
TITLE	CEO <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	MATHIASEN, RAYMOND L	6.2 NAME	
STREET ADDRESS	2700 COLORADO AVENUE	6.3 STREET ADDRESS	
CITY, ST, ZIP	SANTA MONICA CA 90404	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 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: *Scott M. Brown* **Scott M. Brown** 2/13/96 (310) 998-8427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Filed

CR2E034 (12/95)

Handwritten signature/initials