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1997 FEB 10 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
**2700 COLORADO AVENUE
SANTA MONICA CA 90404-3521**

3. Date Incorporated or Qualified 01/06/1972	3a. Date of Last Report 02/19/1996
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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 3820 State Street Suite, Apt #, etc.	26 c/o Mary H. Yumibe Suite, Apt #, etc.
22 City & State	27 3820 State Street City & State
23 Santa Barbara, CA	28 Santa Barbara, CA
24 Zip 93105 Country USA	29 Zip 93105 Country USA

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	200002082402-3 02/10/97-0102-020
84 City	***165.00 FL ***165.00

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	VPAS <input checked="" type="checkbox"/> DELETE
NAME	SULZBACH, CHRISTI R
STREET ADDRESS	2700 COLORADO AVE
CITY-ST-ZIP	SANTA MONICA CA 90404
TITLE	VPAS <input checked="" type="checkbox"/> DELETE
NAME	LAYNE, DAVID W
STREET ADDRESS	2700 COLORADO AVE.
CITY-ST-ZIP	SANTA MONICA CA 90404
TITLE	AT <input checked="" type="checkbox"/> DELETE
NAME	HIXON, LAWRENCE G
STREET ADDRESS	2700 COLORADO AVE.
CITY-ST-ZIP	SANTA MONICA CA 90404
TITLE	T <input type="checkbox"/> DELETE
NAME	MCMULLEN, TERENCE P
STREET ADDRESS	2700 COLORADO AVE.
CITY-ST-ZIP	SANTA MONICA CA 90404
TITLE	P <input type="checkbox"/> DELETE
NAME	BROWN, SCOTT M
STREET ADDRESS	2700 COLORADO AVENUE
CITY-ST-ZIP	SANTA MONICA CA 90404
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Timothy L. Pullen
1.3 STREET ADDRESS	14001 Dallas Parkway
1.4 CITY-ST-ZIP	Dallas, TX 75240
2.1 TITLE	VP/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard B. Silver
2.3 STREET ADDRESS	3820 State Street
2.4 CITY-ST-ZIP	Santa Barbara, CA 93105
3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Alan Lundgren
3.3 STREET ADDRESS	3820 State Street
3.4 CITY-ST-ZIP	Santa Barbara, CA 93105
4.1 TITLE	VP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	3820 State Street
4.3 STREET ADDRESS	Santa Barbara, CA 93105
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	3820 State Street
5.3 STREET ADDRESS	Santa Barbara, CA 93105
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 if changed or on an attachment with an address.

SIGNATURE: Alan Lundgren **Alan Lundgren, Asst. Sec'y** Date: **1/22/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)

Handwritten: 7/5/97 2/10/97