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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **853021** (4)

1. Corporation Name  
**NME HOSPITALS, INC.**

Principal Place of Business	Mailing Address
2700 COLORADO AVENUE P.O. BOX 4070 SANTA MONICA CA 90404	2700 COLORADO AVENUE P.O. BOX 4070 SANTA MONICA CA 90404

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified	3a. Date of Last Report Applied For
06/01/1982	04/14/1994
4. FEI Number	Applied For
95-3720659	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		

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

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHOCHET, BARRY
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	SVP
NAME	MATHIASSEN, RAYMOND L
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	SD
NAME	BROWN, SCOTT M
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	T
NAME	MCMULLEN, TERENCE P
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	AT
NAME	ANDERSONS, MARIS
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	100001468131
24 CITY - ST - ZIP	-04/28/95--01045--008
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	***200.00 ***200.00
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

JP 4/27

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 4/24/95 310/998-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Scott M. Brown, Secretary and Director