

**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 # **F49674** (7)

1. Corporation Name  
**AMI AMBULATORY CENTRES, INC.**

FILED  
96 JAN 29 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: 2700 COLORADO AVE. SUITE 200 SANTA MONICA CA 90404 US  
Mailing Address: 2700 COLORADO AVE. SUITE 200 SANTA MONICA CA 90404 US

3. Date Incorporated or Qualified: 10/14/1981  
3a. Date of Last Report: 04/12/1995  
4. FEI Number: 95-3845259  
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  
2a. Mailing Address: 26  
22. Suite, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 25 Country: 29

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81. Name: **C T Corporation System**  
82. Street Address (P.O. Box Number is Not Permitted): **1200 South Pine Island**  
83. City: **Plantation**  
84. Zip Code: **33324**  
85. State: **FL**  
86. Additional Fee: **200001708258**  
87. Additional Fee: **82706496--01101--023**  
88. Additional Fee: **8980.00**  
89. Additional Fee: **\*\*\*\*200.00**

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 By: *D. F. Hickey* **D. F. Hickey, Asst. Secretary** 1-26-96  
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | DSVP                           | <input type="checkbox"/> DELETE            |
| NAME           | BROWN, SCOTT M.                |  |
| STREET ADDRESS | 2700 COLORADO AVE.             |  |
| CITY-ST-ZIP    | SANTA MONICA CA                |  |
| TITLE          | P                              | <input type="checkbox"/> DELETE            |
| NAME           | FOCHT, MICHAEL H. SR.          |  |
| STREET ADDRESS | 2700 COLORADO AVE.             |  |
| CITY-ST-ZIP    | SANTA MONICA CA                |  |
| TITLE          | EVP                            | <input type="checkbox"/> DELETE            |
| NAME           | MACKEY, THOMAS                 |  |
| STREET ADDRESS | 2700 COLORADO AVE.             |  |
| CITY-ST-ZIP    | SANTA MONICA CA                |  |
| TITLE          | VPT                            | <input type="checkbox"/> DELETE            |
| NAME           | MCMULLEN, TERENCE P.           |  |
| STREET ADDRESS | 2700 COLORADO AVE.             |  |
| CITY-ST-ZIP    | SANTA MONICA CA                |  |
| TITLE          | EVP                            | <input type="checkbox"/> DELETE            |
| NAME           | SMITH, W. RANDOLPH             |  |
| STREET ADDRESS | 14001 DALLAS PARKWAY, STE. 200 |  |
| CITY-ST-ZIP    | DALLAS TX                      |  |
| TITLE          | VPAS                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | SABATINO, THOMAS J.            |  |
| STREET ADDRESS | 14001 DALLAS PARKWAY, STE. 200 |  |
| CITY-ST-ZIP    | DALLAS TX                      |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |           |  |
|--------------------|-----------|--|
| 1.1 TITLE          | Secretary | <input type="checkbox"/> Change <input checked="" 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           |           |  |
| 2.3 STREET ADDRESS |           |  |
| 2.4 CITY-ST-ZIP    |           |  |
| 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           |           |  |
| 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 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* 1/24/96 (310)998-8427  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)