

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 10: 24

DOCUMENT # **H64102** (7)
1. Corporation Name
FL HEALTH COMPLEX, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**14001 DALLAS PARKWAY
STE. 200
DALLAS TX 75240
US**

3. Date Incorporated or Qualified **06/27/1985** 3a. Date of Last Report **01/31/1994**

2. Principal Place of Business 21 2700 Colorado Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 2700 Colorado Ave. Suite, Apt. #, etc.	4. FEI Number 95-3992793	Applied For Not Applicable
22 City & State 23 Santa Monica, Ca	27 City & State 28 Santa Monica, Ca	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 90404 25 USA	29 90404 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		6. 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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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

(Signature) Type or print name of registered agent and title of applicant. (Date) (Signature) Agent (signature required when renouncing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	VAS BARRETT, WILLIAM 8201 PRESTON RD #300 DALLAS TX	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	D/SVP/S Scott M. Brown 2700 Colorado Ave. Santa Monica, Ca 90404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D BAILEY, BARY G 8201 PRESTON RD, #300 DALLAS TX	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	P Michael H. Focht, Sr. 2700 Colorado Ave. Santa Monica, Ca 90404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T MURDOCK, MICHAEL N. 8201 PRESTON RD #300 DALLAS TX	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	EVP Thomas B. Mackey 2700 Colorado Ave. Santa Monica, Ca 90404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	P STEIGMAN, DONALD S. 5757 N DIXIE FT LAUDERDALE FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	VP/T Terence P. McMullen 2700 Colorado Ave. Santa Monica, Ca 90404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	AS GLICK, MARCIA R 8201 PRESTON RD, #300 DALLAS TX	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	EVP W. Randolph Smith 14001 Dallas Parkway, Ste. 200 Dallas, Tx 75240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	AT RABE, DOUGLAS E 8201 PRESTON RD #300 DALLAS TX	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	VP/AS Thomas J. Sabatino, Jr. 14001 Dallas Parkway, Ste. 200 Dallas, Tx 75240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: **Thomas J. Sabatino, Jr.** 4/7/95 214/789-2465
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR