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PROFIT CORPORATION ANNUAL REPORT 1997



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H64102** (7)

1. Corporation Name:
FL HEALTH COMPLEX, INC.



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

3. Date Incorporated or Qualified **06/27/1985** 3a. Date of Last Report **01/29/1996**

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 **Santa Barbara, CA** City & State 27 **3820 State Street** City & State
23 **Santa Barbara, CA** Zip Country 28 **Santa Barbara, CA** Zip Country
24 **93105** 25 **USA** 29 **93105** 30 **USA**

4. FEI Number **95-3992793** Applied For Not Applicable
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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH 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
84 City **FL** 85 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 _____ (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
STREET ADDRESS	2700 COLORADO AVE.
CITY-ST-ZIP	SANTA MONICA CA
TITLE	EVP <input type="checkbox"/> DELETE
NAME	MACKEY, THOMAS B.
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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3820 State Street
1.4 CITY-ST-ZIP	Santa Barbara, CA 93105
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3820 State Street
2.4 CITY-ST-ZIP	Santa Barbara, CA 93105
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2011 Palomar Airport Rd.
3.4 CITY-ST-ZIP	Carlsbad, CA 92009
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3820 State Street
4.4 CITY-ST-ZIP	Santa Barbara, CA 93105
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	500002068125--5
5.4 CITY-ST-ZIP	-01/24/97--01086--019
	****165.00 ****165.00
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Asst. Secretary
6.3 STREET ADDRESS	Alan Lundgren
6.4 CITY-ST-ZIP	3820 State Street
	Santa Barbara, CA 93105

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** 1/21/97 805/563-7075

CR2E034 (9/96)