

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1998



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

FILED

98 MAR -2 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3820 STATE STREET
SANTA BARBARA CA 93105
US**

Mailing Address
**3820 STATE STREET
SANTA BARBARA CA 93105
US**

3. Date Incorporated or Qualified
06/27/1985

4. FEI Number
95-3992793

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt #, etc

22. City & State

23. Zip Country

24. Zip 25. Country

26. Suite, Apt #, etc

27. City & State

28. Zip Country

29. Zip 30. Country

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SCOTT M.	1.2 NAME	
STREET ADDRESS	3820 STATE STREET	1.3 STREET ADDRESS	200002446222--6
CITY-ST-ZIP	SANTA BARBARA CA 93105	1.4 CITY-ST-ZIP	-03/03/98--01104--004
TITLE	P	2.1 TITLE	****150.00 <input type="checkbox"/> ****150.00 Addition
NAME	FOCHT, MICHAEL H	2.2 NAME	
STREET ADDRESS	3820 STATE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	2.4 CITY-ST-ZIP	
TITLE	EVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKAY, THOMAS B.	3.2 NAME	
STREET ADDRESS	2011 PALOMAR AIRPORT RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CALSBAD CA 92009	3.4 CITY-ST-ZIP	
TITLE	VPT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLEN, TERENCE P.	4.2 NAME	
STREET ADDRESS	3820 STATE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	4.4 CITY-ST-ZIP	
TITLE	EVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, W. RANDOLPH	5.2 NAME	
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDGREN, ALAN	6.2 NAME	
STREET ADDRESS	3820 STATE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	6.4 CITY-ST-ZIP	

200002446222--6
-03/03/98--01104--004
****150.00 ~~****150.00~~ Addition

Alan Lundgren

14. I 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 2/25/98 805/563-7075

CR2E034 (10/97)