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

APPROVED AND FILED

96 JAN 29 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H64825** **(3)**

1. Corporation Name

AMISUB (NORTH RIDGE HOSPITAL,) INC.

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

3. Date Incorporated or Qualified: **07/02/1985**

3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **95-3982366** ☐ 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

C T 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DSVP	☐ DELETE	1.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	BROWN, SCOTT M.		1.2 NAME		
STREET ADDRESS	2700 COLORADO AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA MONICA CA		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FOCHT, MICHAEL H.		2.2 NAME	400001707444	
STREET ADDRESS	2700 COLORADO AVE.		2.3 STREET ADDRESS	-02/06/96--01054--001	
CITY-ST-ZIP	SANTA MONICA CA		2.4 CITY-ST-ZIP	****200.00 ****200.00	
TITLE	EVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MACKEY, THOMAS B.		3.2 NAME		
STREET ADDRESS	2700 COLORADO AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA MONICA CA		3.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCMULLEN, TERENCE		4.2 NAME		
STREET ADDRESS	2700 COLORADO AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA MONICA CA		4.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	5.1 TITLE		☐ Change ☐ 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	VPAS	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SABATINO, THOMAS J.		6.2 NAME		
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200		6.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 #