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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT # **H64825 (3)**

1. Corporation Name  
**AMISUB (NORTH RIDGE HOSPITAL,) INC.**



Principal Place of Business: 2700 COLORADO AVE. SUITE 200 SANTA MONICA CA 90404 US  
Mailing Address: 2700 COLORADO AVE. SUITE 200 SANTA MONICA CA 90404-3521 US

3. Date Incorporated or Qualified: **07/02/1985**  
3a. Date of Last Report: **01/29/1996**

2. Principal Place of Business 21 <b>3820 State Street</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>c/o Mary H. Yumibe</b> Suite, Apt. #, etc.	4. FEI Number <b>95-3982366</b>	Applied For Not Applicable
22 <b>Santa Barbara, CA</b> City & State	27 <b>3820 State Street</b> City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 <b>93105</b> Zip <b>USA</b> Country	28 <b>Santa Barbara, CA</b> City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 <b>93105</b> Zip <b>USA</b> Country	29 <b>93105</b> Zip <b>USA</b> Country	30 <b>USA</b> Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	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: <b>DSVP</b> <input type="checkbox"/> DELETE	NAME: <b>BROWN, SCOTT M.</b>	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>2700 COLORADO AVE.</b>	CITY-ST-ZIP: <b>SANTA MONICA CA</b>	1.2 NAME:	1.3 STREET ADDRESS: <b>3820 State Street</b>
TITLE: <b>P</b> <input type="checkbox"/> DELETE	NAME: <b>FOCHT, MICHAEL H.</b>	1.4 CITY-ST-ZIP: <b>Santa Barbara, CA 93105</b>	2.1 TITLE: <b>EVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>2700 COLORADO AVE.</b>	CITY-ST-ZIP: <b>SANTA MONICA CA</b>	2.2 NAME:	2.3 STREET ADDRESS: <b>3820 State Street</b>
TITLE: <b>EVP</b> <input type="checkbox"/> DELETE	NAME: <b>MACKEY, THOMAS B.</b>	2.4 CITY-ST-ZIP: <b>Santa Barbara, CA 93105</b>	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>2700 COLORADO AVE.</b>	CITY-ST-ZIP: <b>SANTA MONICA CA</b>	3.2 NAME:	3.3 STREET ADDRESS: <b>2011 Paloma Airport Rd</b>
TITLE: <b>VPT</b> <input type="checkbox"/> DELETE	NAME: <b>MC MULLEN, TERENCE</b>	3.4 CITY-ST-ZIP: <b>Carlsbad, CA 92009</b>	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>2700 COLORADO AVE.</b>	CITY-ST-ZIP: <b>SANTA MONICA CA</b>	4.2 NAME:	4.3 STREET ADDRESS: <b>3820 State Street</b>
TITLE: <b>EVP</b> <input type="checkbox"/> DELETE	NAME: <b>SMITH, W. RANDOLPH</b>	4.4 CITY-ST-ZIP: <b>Santa Barbara, CA 93105</b>	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>14001 DALLAS PARKWAY, STE. 200</b>	CITY-ST-ZIP: <b>DALLAS TX</b>	5.2 NAME:	5.3 STREET ADDRESS: <b>500002068135--4</b>
TITLE: <b>VPAS</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>SABATINO, THOMAS J.</b>	5.4 CITY-ST-ZIP: <b>DALLAS TX</b>	<b>-01/24/97--01086--025</b>
STREET ADDRESS: <b>14001 DALLAS PARKWAY, STE. 200</b>	CITY-ST-ZIP: <b>DALLAS TX</b>	6.1 TITLE: <b>Asst. Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>****165.00 ****165.00</b>
		6.2 NAME: <b>Alan Lundgren</b>	
		6.3 STREET ADDRESS: <b>3820 State Street</b>	
		6.4 CITY-ST-ZIP: <b>Santa Barbara, CA 93105</b>	<i>A. Lundgren 1/24/97</i>

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** 1/24/97 805/563-7075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)