


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 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **H64825** (3)
1. Corporation Name
AMISUB (NORTH RIDGE HOSPITAL,) INC.

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

Mailing Address
**C/O MARY H. YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 95-3982366	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
				85	Zip Code

11. Pursuant to the provisions of Sections 607.0802 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	
CITY-ST-ZIP	SANTA BARBARA CA 93105	1.4 CITY-ST-ZIP	700002446237--9
TITLE	EVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOCHT, MICHAEL H.	2.2 NAME	-03/03/98--001049-011
STREET ADDRESS	3820 STATE STREET	2.3 STREET ADDRESS	***150.00 ***150.00
CITY-ST-ZIP	SANTA BARBARA CA 93105	2.4 CITY-ST-ZIP	
TITLE	EVP	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACKEY, THOMAS B.	3.2 NAME	AS
STREET ADDRESS	2011 PALOMA AIRPORT RD.	3.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	CARLSBAD CA 93105	3.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	VPT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLEN, TERENCE	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	VPAS	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SABATINO, THOMAS J.	6.2 NAME	P
STREET ADDRESS	3820 STATE STREET	6.3 STREET ADDRESS	Emil Miller
CITY-ST-ZIP	SANTA BARBARA CA 93105	6.4 CITY-ST-ZIP	5757 North Dixie Hwy Ft. Lauderdale, FL 33334

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)