

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H64825
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

3. Date Incorporated or Qualified
07/02/1985
4. FLL 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 owes the current year Intangible Personal Property Tax Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ (Signature, typed or printed name of registered agent and date of appointment) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSVP	11 TITLE	DVS
NAME	BROWN, SCOTT M.	12 NAME	Richard B. Silver
STREET ADDRESS	3820 STATE STREET	13 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA BARBARA CA 93105	14 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	EVP	21 TITLE	
NAME	FOCHT, MICHAEL H.	22 NAME	
STREET ADDRESS	3820 STATE STREET	23 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	AS
NAME	LUNDGREN, ALAN	32 NAME	Caitlin M. Larsen
STREET ADDRESS	3820 STATE STREET	33 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA BARBARA CA 93105	34 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	VPT	41 TITLE	
NAME	MCMULLEN, TERENCE	42 NAME	
STREET ADDRESS	3820 STATE STREET	43 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	44 CITY-ST-ZIP	
TITLE	EVP	51 TITLE	
NAME	SMITH, W. RANDOLPH	52 NAME	
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200	53 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	54 CITY-ST-ZIP	
TITLE	P	61 TITLE	
NAME	MILLER, EMIL	62 NAME	
STREET ADDRESS	3820 STATE STREET	63 STREET ADDRESS	5757 North Dixie Hwy
CITY-ST-ZIP	SANTA BARBARA CA 93105	64 CITY-ST-ZIP	Ft. Lauderdale, FL 33334

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******150.00 ****150.00**

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, changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Caitlin M. Larsen* Caitlin M. Larsen, Asst. Sec. 4/7/99 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/99)