

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 FEB -7 PM 2: 21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000056365 (7)

1. Corporation Name
CENTER FOR QUALITY CARE, INC.



Principal Place of Business
**2700 COLORADO AVE.
SANTA MONICA CA 90404
US**

Mailing Address
**2700 COLORADO AVE.
SANTA MONICA CA 90404-3521
US**

3. Date Incorporated or Qualified 07/29/1994	3a. Date of Last Report 01/29/1996
4. FEI Number 75-2551454	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 3820 State Street	2a. Mailing Address 26 c/o Mary H. Yumbe
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 3820 State Street
City & State 23 Santa Barbara, CA	City & State 28 Santa Barbara, CA
Zip 24 93105	Country 25 USA
Country 29 USA	Zip 30 93105

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	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, hereby agreeing 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DSVP	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, SCOTT M.		1.2 NAME	
STREET ADDRESS 2700 COLORADO AVE.		1.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP SANTA MONICA CA		1.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOCHT, MICHAEL H.		2.2 NAME	
STREET ADDRESS 2700 COLORADO AVE.		2.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP SANTA MONICA CA		2.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE EVP	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MACKEY, THOMAS B.		3.2 NAME	
STREET ADDRESS 2700 COLORADO AVE.		3.3 STREET ADDRESS	2011 Palomar Airport Rd.
CITY-ST-ZIP SANTA MONICA CA		3.4 CITY-ST-ZIP	Carlsbad, CA 92009
TITLE VT	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCMULLEN, TERENCE P		4.2 NAME	
STREET ADDRESS 2700 COLORADO AVE.		4.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP SANTA MONICA CA 90404		4.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE EVP	<input type="checkbox"/> DELETE	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 75240		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	AS
STREET ADDRESS		6.3 STREET ADDRESS	Alan Lundgren
CITY-ST-ZIP		6.4 CITY-ST-ZIP	3820 State Street
			Santa Barbara, CA 93105

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 Asst. Sec'y **1/29/97** 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

2-7-97