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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

H64825 **DOCUMENT #** 1. Corporation Name

(3)

APPROVED AND FILED

96 JAN 29 PM 1: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

AMISUB (NORTH RIDGE HOSPITAL,) INC- Principal Place of Business Mailing Address 2700 COLORADO AVE. SUITE 200 SUITE 200									
SANTA MON US	SANTA MONICA CA 90404 US		SANTA MONICA CA 90404 US				3. Date Incorporated or Qualified 07/02/1985	1	e of Last Report 04/12/1995
 Principal Pla 	ice of Business	2a. 26	Mailing Address				4. FEI Number 95-3982366		Applied For Not Applica
	t, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional
City & State		1 77 1	City & State		_		6. Election Campaign Financing		\$5.00 May Be
3]		28					Trust Fund Contribution		Added to Fees
- Zφ i[Country 25	29	Zip	Coun	try		8. This corporation has liability for Florida Statutes ☐ Yes	intangible t ∏No	ax under s 199.032,
	g. Name and Address of Curre		tered Agent	1301			10. Name and Address of New F		Agent
	The same and a same and a same and a same				B1	Name			
C T CO	RPORATION SYSTEM		82 Street		Street Addre	Idress (P.O. Box Number is Not Acceptable)			
	OUTH PINE ISLAND ROAD			-	B3				
PLANTA	TION FL 33324			[33				
					84	City		FI	85 Zip Code
2 ,	Signation, typed or printed having of ruge blead agen OFFICERS AN DSVP			13.	LE	S	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIFIECTORS IN 12 Change
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NAME STREET ADDRESS CHTY-ST_ZIP THILE NAME SCHOTT ADDRESS CHTY-ST_ZIT THILE NAME	MCMULLEN, TERENCE 2700 COLORADO AVE. SANTA MONICA CA EVP SMITH, W. RANDOLPH 14001 DALLAS PARKWAY, DALLAS TX VPAS SABATINO, THOMAS J.		DELETE	4.2 NAI 4.3 SH 4.4 CIT 5.1 TH 5.2 NAI 5.3 SH 5.4 CIT 6.1 TH 6.2 NAI	Y-S ILF ME KEET Y-S ILE	T-ZIP ADDRESS II-ZIP			Change Additi
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certify that the information indicated on this annual report is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early 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:

Serma MTS TED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

(310)998-8427