

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
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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

FILED

98 MAR -2 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/02/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		95-3982366	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. 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
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	3820 STATE STREET	1.2 NAME	
STREET ADDRESS	SANTA BARBARA CA 93105	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	700002446237--9
TITLE	EVP	2.1 TITLE	-03/03/98--00104--001 Addition
NAME	FOCHT, MICHAEL H.	2.2 NAME	****150.00 ****150.00
STREET ADDRESS	3820 STATE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	2.4 CITY-ST-ZIP	
TITLE	EVP	3.1 TITLE	AS
NAME	MACKEY, THOMAS B.	3.2 NAME	Alan Lundgren
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	P
NAME	SABATINO, THOMAS J.	6.2 NAME	Emil Miller
STREET ADDRESS	3820 STATE STREET	6.3 STREET ADDRESS	5757 North Dixie Hwy
CITY-ST-ZIP	SANTA BARBARA CA 93105	6.4 CITY-ST-ZIP	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Lundgren

2/25/98

805/563-7075

CR2E034 (10/97)