



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # H64825</b> 1. Entity Name AMISUB (NORTH RIDGE HOSPITAL,) INC.						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.5em;">04 MAR -3 PM 3:36</div> <div style="font-size: 1.2em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 3820 STATE STREET SANTA BARBARA, CA 93105 US				Mailing Address C/O <del>MARY K. YOUNG</del> Sherrie Smith 3820 STATE STREET SANTA BARBARA, CA 93105			
2. Principal Place of Business		3. Mailing Address		  01052004 Chg-P CR2E034 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number 95-3982366				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SILVER, RICHARD B 3820 STATE STREET SANTA BARBARA, CA 93105			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary Caitlin M. Larsen 3820 State Street Santa Barbara, CA 93105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LARSEN, CAITLIN M 3820 STATE STREET SANTA BARBARA, CA 93105			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Kristina A. Mack 3820 State Street Santa Barbara, CA 93105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENT, DENNIS L 3820 STATE STREET SANTA BARBARA, CA 93105			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-weight: bold; font-size: 1.2em;">100029822014</div> <div style="text-align: center;">03/03/04--01062--001 **17636.25</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUER, CLIFFORD J 5757 NORTH DIXIE HWY. FT. LAUDERDALE, FL 33334			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Richard A. Gold 5757 North Dixie Hwy Ft. Lauderdale, FL 33334		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Kristina A. Mack</i> Kristina A. Mack Asst. Secretary				Date: <i>2/20/04</i> Daytime Phone #			