

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H64825

1. Entity Name
AMISUB (NORTH RIDGE HOSPITAL,) INC.



FILED
05 APR 28 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O SHERRIE SMITH
3820 STATE STREET
SANTA BARBARA, CA 93105 US

Mailing Address
C/O SHERRIE SMITH
3820 STATE STREET
SANTA BARBARA, CA 93105 US



2. Principal Place of Business
13737 Noel Road
Suite, Apt. #, etc.
Suite 100

3. Mailing Address
13737 Noel Road
Suite, Apt. #, etc.
Suite 100

02242005 Chg-P CR2E034 (10/03)

City & State
Dallas, TX

City & State
Dallas, TX

4. FEI Number
95-3982366

Applied For
Not Applicable

Zip
75240

Country
USA

Zip
75240

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete
NAME LARSEN, CAITLIN M
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME MACK, KRISTINA A
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME DENT, DENNIS L
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME GOLD, RICHARD A
STREET ADDRESS 5757 NORTH DIXIE HWY.
CITY-ST-ZIP FT. LAUDERDALE, FL 33334

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Kristina A. Mack Kristina A. Mack, Asst. Secretary 3/10/05 805-563-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

T. Roberts APR 5 2005