

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H64825

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



Principal Place of Business

13737 NOEL ROAD
STE 100
DALLAS, TX 75240 US

Mailing Address

13737 NOEL ROAD STE. 100
ATTN: DONNA JARRELL
DALLAS, TX 75240

FILED

2008 FEB 27 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3982366

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

DO NOT WRITE
IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	LARSEN, CAITLIN M
STREET ADDRESS	13737 NOEL ROAD STE. 100
CITY - ST - ZIP	DALLAS, TX 75240
TITLE	AS
NAME	MACK, KRISTINA A
STREET ADDRESS	13737 NOEL ROAD STE. 100
CITY - ST - ZIP	DALLAS, TX 75240
TITLE	T
NAME	SHERMAN, JEFFREY S
STREET ADDRESS	13737 NOEL ROAD STE. 100
CITY - ST - ZIP	DALLAS, TX 75240
TITLE	P
NAME	ALEMAN, DIANNE
STREET ADDRESS	5757 N. DIXIE HWY.
CITY - ST - ZIP	FT. LAUDERDALE, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

400119549104
03/06/08--01015--023 **150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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,
Assistant Secretary

1-7-08

469-893-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #