

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H64825**

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



FILED  
03 APR 17 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

☐ CHECK HERE IF MAKING CHANGES

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**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>DVS</b>	<input type="checkbox"/> Delete	TITLE	<b>400017839644</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVER, RICHARD B</b>		NAME	<b>05/01/03--01068--007 **150.00</b>	
STREET ADDRESS	<b>3820 STATE STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>		CITY-ST-ZIP		
TITLE	<b>AS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARSEN, CAITLIN M</b>		NAME		
STREET ADDRESS	<b>3820 STATE STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DENT, DENNIS L</b>		NAME		
STREET ADDRESS	<b>3820 STATE STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUER, CLIFFORD J</b>		NAME		
STREET ADDRESS	<b>5757 NORTH DIXIE HWY.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **SIGNATURE REQUIRED** **7/10/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0698273 AT

CR2E034 (10/02)