# 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# H64825

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

# **Current Principal Place of Business:**

1445 ROSS AVE 1400 DALLAS, TX 75202

# **Current Mailing Address:**

1445 ROSS AVE 1400 DALLAS, TX 75202 US

### FEI Number: 95-3982366

### Name and Address of Current Registered Agent:

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

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.

### SIGNATURE:

Electronic Signature of Registered Agent

# Officer/Director Detail :

Title	S	Title	AUTHORIZED SIGNATORY
Name	MACK, KRISTINA A	Name	POWERS, MARSHA D
Address	1445 ROSS AVE	Address	1445 ROSS AVE
City-State-Zip:	DALLAS TX 75202	City-State-Zip:	DALLAS TX 75202
Title	т		
THUE	1		
Name	MURPHY, TYLER C		
Address	1445 ROSS AVE		
City-State-Zip:	DALLAS TX 75202		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

### SIGNATURE: KRISTINA MACK

SECRETARY

03/02/2016 Date

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No