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1997 FEB 10 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 393556

(6)

1. Corporation Name

LAKE HOSPITAL AND CLINIC, INC.



Principal Place of Business

1710 FOURTH AVE., NORTH
LAKE WORTH FL 33460

Mailing Address

2700 COLORADO AVENUE
SANTA MONICA CA 90404-3521

3. Date Incorporated or Qualified

01/06/1972

3a. Date of Last Report

02/19/1996

4. FEI Number

59-1377187

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 3820 State Street

Suite, Apt #, etc.

22 City & State

23 Santa Barbara, CA

24 Zip 93105

25 Country USA

2a. Mailing Address

26 c/o Mary H. Yumibe

Suite, Apt #, etc.

27 3820 State Street

28 City & State

28 Santa Barbara, CA

29 Zip 93105

30 Country USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

200002082402-3
02/10/97-01027-020

84 City

***165.00 FL ***165.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPAS ☒ DELETE
NAME SULZBACH, CHRISTI R
STREET ADDRESS 2700 COLORADO AVE
CITY-ST-ZIP SANTA MONICA CA 90404

TITLE VPAS ☒ DELETE
NAME LAYNE, DAVID W
STREET ADDRESS 2700 COLORADO AVE.
CITY-ST-ZIP SANTA MONICA CA 90404

TITLE AT ☒ DELETE
NAME HIXON, LAWRENCE G
STREET ADDRESS 2700 COLORADO AVE.
CITY-ST-ZIP SANTA MONICA CA 90404

TITLE T ☐ DELETE
NAME MCMULLEN, TERENCE P
STREET ADDRESS 2700 COLORADO AVE.
CITY-ST-ZIP SANTA MONICA CA 90404

TITLE P ☐ DELETE
NAME BROWN, SCOTT M
STREET ADDRESS 2700 COLORADO AVENUE
CITY-ST-ZIP SANTA MONICA CA 90404

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Timothy L. Pullen
1.3 STREET ADDRESS 14001 Dallas Parkway
1.4 CITY-ST-ZIP Dallas, TX 75240

2.1 TITLE VP/S ☐ Change ☒ Addition
2.2 NAME Richard B. Silver
2.3 STREET ADDRESS 3820 State Street
2.4 CITY-ST-ZIP Santa Barbara, CA 93105

3.1 TITLE AS ☐ Change ☒ Addition
3.2 NAME Alan Lundgren
3.3 STREET ADDRESS 3820 State Street
3.4 CITY-ST-ZIP Santa Barbara, CA 93105

4.1 TITLE VP/T ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 3820 State Street
4.4 CITY-ST-ZIP Santa Barbara, CA 93105

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 3820 State Street
5.4 CITY-ST-ZIP Santa Barbara, CA 93105

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Alan Lundgren, Asst. Sec'y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/97

CR2E034 (9/96)

768
2/10/97