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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 393556

1. Corporation Name

LAKE HOSPITAL AND CLINIC, INC.

Principal Place of Business

3820 STATE STREET  
SANTA BARBARA CA 93105

Mailing Address

% MARY H. YUMBE  
3820 STATE STREET  
SANTA BARBARA CA 93105

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL 85 Zip Code

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 board approver

(NOTE: Registered Agent's name may not be the same as the corporation's name)

(Date)

12. OFFICERS AND DIRECTORS

|                |                        |            |
|----------------|------------------------|------------|
| TITLE          | P                      | [ ] DELETE |
| NAME           | PULLEN, TIMOTHY L      |            |
| STREET ADDRESS | 14001 DALLAS PARKWAY   |            |
| CITY-STATE-ZIP | DALLAS TX 75240        |            |
| TITLE          | VPS                    | [ ] DELETE |
| NAME           | SILVER, RICHARD B      |            |
| STREET ADDRESS | 3820 STATE STREET      |            |
| CITY-STATE-ZIP | SANTA BARBARA CA 93105 |            |
| TITLE          | AS                     | [X] DELETE |
| NAME           | LUNDGREN, ALAN         |            |
| STREET ADDRESS | 3820 STATE STREET      |            |
| CITY-STATE-ZIP | SANTA BARBARA CA 93105 |            |
| TITLE          | VPT                    | [ ] DELETE |
| NAME           | MCMULLEN, TERENCE P    |            |
| STREET ADDRESS | 3820 STATE STREET      |            |
| CITY-STATE-ZIP | SANTA BARBARA CA 93105 |            |
| TITLE          | D                      | [X] DELETE |
| NAME           | BROWN, SCOTT M         |            |
| STREET ADDRESS | 3820 STATE STREET      |            |
| CITY-STATE-ZIP | SANTA BARBARA CA 93105 |            |
| TITLE          |                        | [ ] DELETE |
| NAME           |                        |            |
| STREET ADDRESS |                        |            |
| CITY-STATE-ZIP |                        |            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                         |
|-------------------|-------------------------|
| 11 TITLE          | [ ] Change [ ] Addition |
| 12 NAME           |                         |
| 13 STREET ADDRESS | 0000002850220--1        |
| 14 CITY-STATE-ZIP | -04/23/99--01106--015   |
| 21 TITLE          | ****150.00 ****150.00   |
| 22 NAME           |                         |
| 23 STREET ADDRESS |                         |
| 24 CITY-STATE-ZIP |                         |
| 31 TITLE          | AS                      |
| 32 NAME           | Caitlin M. Larsen       |
| 33 STREET ADDRESS | 3820 State Street       |
| 34 CITY-STATE-ZIP | Santa Barbara, CA 93105 |
| 41 TITLE          | [ ] Change [ ] Addition |
| 42 NAME           |                         |
| 43 STREET ADDRESS |                         |
| 44 CITY-STATE-ZIP |                         |
| 51 TITLE          | D                       |
| 52 NAME           | Richard B. Silver       |
| 53 STREET ADDRESS | 3820 State Street       |
| 54 CITY-STATE-ZIP | Santa Barbara, CA 93105 |
| 61 TITLE          | [ ] Change [ ] Addition |
| 62 NAME           |                         |
| 63 STREET ADDRESS |                         |
| 64 CITY-STATE-ZIP |                         |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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, unchanged, or on an attachment with an address, with all other like empowered

SIGNATURE: *Caitlin M. Larsen* Caitlin M. Larsen, Asst. Sec. 4/8/99 805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED IN 1999

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