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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 836991 (0)

1. Corporation Name

AMERICAN MEDICAL INTERNATIONAL, INC.



Principal Place of Business

2700 COLORADO AVE.
200
SANTA MONICA CA 90404
US

Mailing Address

2700 COLORADO AVE.
SUITE 200
SANTA MONICA CA 90404
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 the, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DSVP ☐ DELETE

1.1 TITLE Secretary ☐ Change ☒ Addition

NAME BROWN, SCOTT M.
STREET ADDRESS 2700 COLORADO AVE.
CITY-ST-ZIP SANTA MONICA CA

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME FOCHT, MICHAEL H. SR.
STREET ADDRESS 2700 COLORADO AVE.
CITY-ST-ZIP SANTA MONICA CA

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE EVP ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME MACKEY, THOMAS B.
STREET ADDRESS 2700 COLORADO AVENUE
CITY-ST-ZIP SANTA MONICA CA

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VPT ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME MCMULLEN, TERENCE P.
STREET ADDRESS 2700 COLORADO AVE.
CITY-ST-ZIP SANTA MONICA CA

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE EVP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME SMITH, W. RANDOLPH
STREET ADDRESS 14001 DALLAS PARKWAY, STE. 200
CITY-ST-ZIP DALLAS TX

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VPAS ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME SABATINO, THOMAS J.
STREET ADDRESS 14001 DALLAS PARKWAY, STE 200
CITY-ST-ZIP DALLAS TX

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

Date

(310)998-8427

Daytime Phone #

CR2E034 (12/95)