

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
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1997 APR 29 PM 4: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **845 117**
1. Corporation Name
BROOKWOOD HEALTH SERVICES, INC.

Principal Place of Business 3820 State Street Santa Barbara, CA 93105	Mailing Address c/o Mary Yumibe 3820 State Street Santa Barbara, CA 93105
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3. Date Incorporated or Qualified 1/30/80	3a. Date of Last Report 1996
4. FEI Number 63-0574010	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**C T Corporation System
1200 S. Pine Island Drive
Plantation, FL 33324**

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	Gregory Burfitt
STREET ADDRESS	2010 Brookwood Medical Center Dr.
CITY, ST, ZIP	Birmingham, AL 35209
TITLE	SVP/S/D <input type="checkbox"/> DELETE
NAME	Scott M. Brown
STREET ADDRESS	3820 State Street
CITY, ST, ZIP	Santa Barbara, CA 93105
TITLE	V/T <input type="checkbox"/> DELETE
NAME	Terence P. McMullen
STREET ADDRESS	3820 State Street
CITY, ST, ZIP	Santa Barbara, CA 93105
TITLE	AS <input type="checkbox"/> DELETE
NAME	Alan Lundgren
STREET ADDRESS	3820 State Street
CITY, ST, ZIP	Santa Barbara, CA 93105
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	600002158836
1.3 STREET ADDRESS	-04/29/97--01089-012
1.4 CITY-ST-ZIP	****165.00 ****165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: **Scott M. Brown** **Scott M. Brown, Secretary**

4/24/97

805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)