

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

96 JAN 29 PM 1:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 853021 (4)

1. Corporation Name
NME HOSPITALS, INC.

Principal Place of Business Mailing Address

**2700 COLORADO AVENUE
P.O. BOX #070
SANTA MONICA CA 90404**

**2700 COLORADO AVENUE
P.O. BOX 4070
SANTA MONICA CA 90404**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/01/1982		04/27/1995		95-3720659	
City & State		City & State		Applied For		Not Applicable		5. Certificate of Status Desired	
Zip		Zip		Country		Country		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
84	City
85	Zip Code

FL

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 _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHOCHET, BARRY	
STREET ADDRESS	2700 COLORADO AVE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	MATHIASSEN, RAYMOND L	
STREET ADDRESS	2700 COLORADO AVE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	2700 COLORADO AVE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	2700 COLORADO AVE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SILVER, RICHARD B	
STREET ADDRESS	2700 COLORADO AVE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	ANDERSONS, MARIS	
STREET ADDRESS	2700 COLORADO AVE	
CITY-ST-ZIP	SANTA MONICA CA 90404	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Senior Vice President <input type="checkbox"/> Change <input checked="" 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	

000001708280
 -02/06/96-01008-005
 ****200.00 ****200.00

RW

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: *Sandra B. Mortham* 1/22/96 (310)998-8427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)