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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:24

DOCUMENT # **F49674** **(7)**

1. Corporation Name
AMI AMBULATORY CENTRES, INC.

Principal Place of Business	Mailing Address
14001 DALLAS PKWY SUITE 200 DALLAS TX 75240 US	14001 DALLAS PKWY SUITE 200 DALLAS TX 75240 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1981	3a. Date of Last Report: 02/02/1994
4. FEI Number: 95-3845259	☐ 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	2a. Mailing Address
21 Street: 2700 Colorado Ave.	26 Street: 2700 Colorado Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Santa Monica, Ca	28 City & State: Santa Monica, Ca
24 Zip: 90404 25 Country: USA	29 Zip: 90404 30 Country: USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	D/SVP/S	X ☐ Change ☐ Addition
NAME	SMITH, W. RANDOLPH	12 NAME	Scott M. Brown	
STREET ADDRESS	8201 PRESTON RD., STE. 300	13 STREET ADDRESS	2700 Colorado Ave.	
CITY ST ZIP	DALLAS TX	14 CITY ST ZIP	Santa Monica, Ca 90404	
TITLE	DVPS	21 TITLE	P	X ☐ Change ☐ Addition
NAME	SABATINO, THOMAS J. J	22 NAME	Michael H. Focht, Sr.	
STREET ADDRESS	8201 PRESTON RD., STE. 300	23 STREET ADDRESS	2700 Colorado Ave.	
CITY ST ZIP	DALLAS TX	24 CITY ST ZIP	Santa Monica, Ca 90404	
TITLE	TD	31 TITLE	EVP	X ☐ Change ☐ Addition
NAME	MURDOCK, MICHAEL N.	32 NAME	Thomas B. Mackey	
STREET ADDRESS	8201 PRESTON RD #300	33 STREET ADDRESS	2700 Colorado Ave.	
CITY ST ZIP	DALLAS TX	34 CITY ST ZIP	Santa Monica, Ca 90404	
TITLE	AS	41 TITLE	VP/T	X ☐ Change ☐ Addition
NAME	GLICK, MARCIA R	42 NAME	Terence P. McMullen	
STREET ADDRESS	8201 PRESTON RD #300	43 STREET ADDRESS	2700 Colorado Ave.	
CITY ST ZIP	DALLAS TX	44 CITY ST ZIP	Santa Monica, 90404	
TITLE	D	51 TITLE	EVP	X ☐ Change ☐ Addition
NAME	BAILEY, BARY G.	52 NAME	W. Randolph Smith	
STREET ADDRESS	8201 PRESTON RD #300	53 STREET ADDRESS	14001 Dallas Parkway, Ste. 200	
CITY ST ZIP	DALLAS TX	54 CITY ST ZIP	Dallas, Tx 75240	
TITLE	VPAS	61 TITLE	VP/AS	X ☐ Change ☐ Addition
NAME	BARRETT, WILLIAM A	62 NAME	Thomas J. Sabatino, Jr.	
STREET ADDRESS	8201 PRESTON RD SUITE 300	63 STREET ADDRESS	14001 Dallas Parkway, Ste. 200	
CITY ST ZIP	DALLAS TX	64 CITY ST ZIP	Dallas, Tx 75240	

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)(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: _____ Thomas J. Sabatino, Jr. 4/7/95 214/789-2465
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0302634 CP