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

PROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # F49674

1. Corporation Name
AMI AMBULATORY CENTRES, INC.

Principal Place of Business
3820 STATE STREET
SANTA BARBARA CA 93105
US

Mailing Address
C/O MARY H. YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/14/1981

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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 only when no other title) DATE

12. OFFICERS AND DIRECTORS

TITLE	DSVP	[X] DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	P	[ ] DELETE
NAME	FOCHT, MICHAEL H. SR.	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	EVP	[ ] DELETE
NAME	MACKEY, THOMAS	
STREET ADDRESS	2011 POLOMAR AIRPORT RD.	
CITY-ST-ZIP	CARLSBAD CA 92009	
TITLE	VPT	[ ] DELETE
NAME	MCMULLEN, TERENCE P.	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	EVP	[ ] DELETE
NAME	SMITH, W. RANDOLPH	
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200	
CITY-ST-ZIP	DALLAS TX	
TITLE	AS	[X] DELETE
NAME	LUNDGREN, ALAN	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DSV	[ ] Change [X] Add
12 NAME	Richard B. Silver	
13 STREET ADDRESS	3820 State Street	
14 CITY-ST-ZIP	Santa Barbara, CA 93105	
21 TITLE		[ ] Change [ ] Add
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[X] Change [ ] Add
32 NAME		
33 STREET ADDRESS	3820 State Street	
34 CITY-ST-ZIP	Santa Barbara, CA 93105	
41 TITLE		[ ] Change [ ] Add
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Add
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	AS	[ ] Change [X] Add
62 NAME	Caitlin M. Larsen	
63 STREET ADDRESS	3820 State Street	
64 CITY-ST-ZIP	Santa Barbara, CA 93105	

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****150.00 ****150.00

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, with all other like empowered.

SIGNATURE Caitlin Larsen Caitlin M. Larsen, Asst. Sec. 4/7/99 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0555052

CR2E034 (11/98)