



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F49674</b> 1. Entity Name <b>AMI AMBULATORY CENTRES, INC.</b>						<b>FILED</b> <b>04 MAR -3 PM 3:34</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>3820 STATE STREET</b> <b>SANTA BARBARA, CA 93105 US</b>				Mailing Address <b>C/O <del>MARY K. MACK</del> Sherrie Smith</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA, CA 93105</b>			
2. Principal Place of Business		3. Mailing Address		 01052004 Chg-P CR2E034 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>95-3845259</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND RD.</b> <b>PLANTATION, FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DSV <input checked="" type="checkbox"/> Delete			TITLE	Director/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SILVER, RICHARD B			NAME	Caitlin M. Larsen		
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS	3820 State Street		
CITY-ST-ZIP	SANTA BARBARA, CA 93105			CITY-ST-ZIP	Santa Barbara, CA 93105		
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JENNINGS, REYNOLD J			NAME			
STREET ADDRESS	3350 RIVERWOOD PARKWAY., SUITE 1800			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30339			CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DENT, DENNIS L			NAME			
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS			
CITY-ST-ZIP	SANTA BARBARA, CA 93105			CITY-ST-ZIP			
TITLE	AS <input checked="" type="checkbox"/> Delete			TITLE	Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LARSEN, CAITLIN			NAME	Kristina A. Mack		
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS	3820 State Street		
CITY-ST-ZIP	SANTA BARBARA, CA 93105			CITY-ST-ZIP	Santa Barbara, CA 93105		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b> <u>Kristina A. Mack</u>				Kristina A. Mack, Asst. Secretary <u>2/20/04</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			