

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F49674

1. Entity Name
AMI AMBULATORY CENTRES, INC.



Principal Place of Business
C/O SHERRIE SMITH
3820 STATE STREET
SANTA BARBARA, CA 93105 US

Mailing Address
C/O SHERRIE SMITH
3820 STATE STREET
SANTA BARBARA, CA 93105 US

2. Principal Place of Business
13737 Noel Road
Suite, Apt. #, etc.
Suite 100

3. Mailing Address
13737 Noel Road
Suite, Apt. #, etc.
Suite 100

City & State
Dallas, TX

City & State
Dallas, TX

Zip
75240

Country
USA

Zip
75240

Country
USA

02242005 Chg-P CR2E034 (10/03)

4. FEI Number
95-3845259

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
SD
LARSEN, CAITLIN M
3820 STATE STREET
CITY-ST-ZIP
SANTA BARBARA, CA 93105 ☐ Delete

TITLE
NAME
P
JENNINGS, REYNOLD J
3350 RIVERWOOD PARKWAY., SUITE 1800
CITY-ST-ZIP
ATLANTA, GA 30339 ☐ Delete

TITLE
NAME
T
DENT, DENNIS L
3820 STATE STREET
CITY-ST-ZIP
SANTA BARBARA, CA 93105 ☐ Delete

TITLE
NAME
AS
MACK, KRISTINA A
3820 STATE STREET
CITY-ST-ZIP
SANTA BARBARA, CA 93105 ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: Kristina A. Mack Kristina A. Mack, Asst. Secretary 3/10/05 805-563-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: APR 29 2005 Daytime Phone #

FILED
05 APR 28 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

