FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 19 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003854 (6)

1. Corporation Name
RAMSAY-HMO, INC.

Principal Place of Business	Mailing Address
75 VALENCIA AVE. CORAL GABLES FL 33134	75 VALENCIA AVE. CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/22/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 41-1776045 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
~~9751 W. BROWARD BLVD.~~ 1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President ☒ Change ☐ Addition
NAME	~~MCGUIRE, WILLIAM W~~	1.2 NAME	Luis E. Lamela
STREET ADDRESS	~~9900 BREN RD., EAST~~	1.3 STREET ADDRESS	75 Valencia Avenue
CITY-ST-ZIP	~~MINNETONKA MN 55343~~	1.4 CITY-ST-ZIP	Coral Gables FL 33134
TITLE	VD	2.1 TITLE	Executive Vice President ☒ Change ☐ Addition
NAME	~~BORKOW, GEORGE B~~	2.2 NAME	William W. McGuire MD-Director
STREET ADDRESS	~~9900 BREN RD., EAST~~	2.3 STREET ADDRESS	9900 Bren Road East
CITY-ST-ZIP	~~MINNETONKA MN 55343~~	2.4 CITY-ST-ZIP	Minnetonka MN 55343
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	RIVET, JEANNINE M	3.2 NAME	
STREET ADDRESS	5001 LINCOLN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN 55436-1611	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☒ Change ☐ Addition
NAME	KOPPE, DAVID P	4.2 NAME	9900 Bren Road East
STREET ADDRESS	~~5001 LINCOLN DR.~~	4.3 STREET ADDRESS	Minnetonka MN 55343
CITY-ST-ZIP	~~EDINA MN 55436-1611~~	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☒ Change ☐ Addition
NAME	SPICOLA, BRIGID M	5.2 NAME	9900 Bren Road East
STREET ADDRESS	~~5001 GMETAWA DR.~~	5.3 STREET ADDRESS	Minnetonka MN 55343
CITY-ST-ZIP	~~MINNETONKA MN 55343~~	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	ROCHE, KEVIN H	6.2 NAME	9900 Bren Road East
STREET ADDRESS	~~5001 GMETAWA DR.~~	6.3 STREET ADDRESS	Minnetonka MN 55343
CITY-ST-ZIP	~~MINNETONKA MN 55343~~	6.4 CITY-ST-ZIP	

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: Kevin H Roche — April 4 1995 — 612-936-1736
SIGNATURE AND TYPED OR PRINTED NAME OF MDNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kevin H. Roche, Assistant Secretary

0141009 CP