


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

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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90004 029 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000006228

1. Corporation Name
RAMSAY EDUCATIONAL SERVICES, INC.



Principal Place of Business ONE ALHAMBRA PLAZA, SUITE 750 CORAL GABLES FL 33134-5217	Mailing Address ONE ALHAMBRA PLAZA, SUITE 750 CORAL GABLES FL 33134-5217
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 11/12/1998	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 65-0852413	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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 _____ (NOTE: Registered Agent signature required when reuniting) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE C	<input checked="" type="checkbox"/> DELETE
NAME RAMSAY, PAUL	
STREET ADDRESS ONE ALHAMBRA PLAZA, SUITE 750	
CITY-ST-ZIP CORAL GABLES FL 33134-5217	
TITLE PO EOO	<input checked="" type="checkbox"/> DELETE
NAME CIBRAN, BERT G	
STREET ADDRESS ONE ALHAMBRA PLAZA, SUITE 750	
CITY-ST-ZIP CORAL GABLES FL 33134-5217	
TITLE D CCO	<input type="checkbox"/> DELETE
NAME LAMELA, LUIS E	
STREET ADDRESS ONE ALHAMBRA PLAZA, SUITE 750	
CITY-ST-ZIP CORAL GABLES FL 33134-5217	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BEAM, AARON JR	
STREET ADDRESS ONE ALHAMBRA PLAZA, SUITE 750	
CITY-ST-ZIP CORAL GABLES FL 33134-5217	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME EVANS, PETER	
STREET ADDRESS ONE ALHAMBRA PLAZA, SUITE 750	
CITY-ST-ZIP CORAL GABLES FL 33134-5217	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME HAYTHE, TOM	
STREET ADDRESS ONE ALHAMBRA PLAZA, SUITE 750	
CITY-ST-ZIP CORAL GABLES FL 33134-5217	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Marcio Cabrera	
1.3 STREET ADDRESS One Alhambra Plaza, Suite 750	
1.4 CITY-ST-ZIP Coral Gables, FL. 33134	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Maria Elena Soto	
3.3 STREET ADDRESS One Alhambra Plaza, Suite 750	
3.4 CITY-ST-ZIP Coral Gables, FL. 33134	
4.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Bibbie T. Rader	
4.3 STREET ADDRESS ONE ALHAMBRA PLAZA	
4.4 CITY-ST-ZIP CORAL GABLES, FL 33134	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: _____ DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)