

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 10:24

DOCUMENT # G00729 (5)

1. Corporation Name
AMBULATORY CARE-BROWARD DEVELOPMENT CORP.

Principal Place of Business Mailing Address
**C/O MARCIA GLICK
14001 DALLAS PARKWAY, S200
DALLAS TX 75240
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/21/1982** 3a. Date of Last Report **02/02/1994**

2. Principal Place of Business 2a. Mailing Address
21 **2700 Colorado Ave.** 26 **2700 Colorado Ave.**

4. FEI Number **95-4023018** Applied For
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

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

City & State City & State
23 **Santa Monica, Ca** 28 **Santa Monica, Ca**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**

Zip Country Zip Country
24 **90404** 25 **USA** 29 **90404** 30 **USA**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 filer of application

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	FRENCH, EDWIN O.
STREET ADDRESS	8201 PRESTON RD., STE 300
CITY ST ZIP	DALLAS TX
TITLE	DT
NAME	MURDOCK, MICHAEL N.
STREET ADDRESS	8201 PRESTON RD #300
CITY ST ZIP	DALLAS TX
TITLE	AS
NAME	GLICK, MARCIA R
STREET ADDRESS	8201 PRESTON RD #300
CITY ST ZIP	DALLAS TX
TITLE	AT
NAME	RABE, DOUGLAS E
STREET ADDRESS	8201 PRESTON RD #300
CITY ST ZIP	DALLAS TX
TITLE	VPAS
NAME	BARRETT, WILLIAM A
STREET ADDRESS	8201 PRESTON RD, S300
CITY ST ZIP	DALLAS TX
TITLE	AT
NAME	MCLEAN, DAN
STREET ADDRESS	8201 PRESTON RD, S-300
CITY ST ZIP	DALLAS TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D/SVP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Scott M. Brown
13 STREET ADDRESS	2700 Colorado Ave.
14 CITY ST ZIP	Santa Monica, Ca 90404
21 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Michael H. Focht, Sr.
23 STREET ADDRESS	2700 Colorado Ave.
24 CITY ST ZIP	Santa Monica, Ca 90404
31 TITLE	EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Thomas B. Mackey
33 STREET ADDRESS	2700 Colorado Ave.
34 CITY ST ZIP	Santa Monica, Ca 90404
41 TITLE	VP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Terence P. McMullen
43 STREET ADDRESS	2700 Colorado Ave.
44 CITY ST ZIP	Santa Monica, Ca 90404
51 TITLE	EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	W. Randolph Smith
53 STREET ADDRESS	14001 Dallas Parkway, Ste. 200
54 CITY ST ZIP	Dallas, Tx 75240
61 TITLE	VP/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Thomas J. Sabatino, Jr.
63 STREET ADDRESS	14001 Dallas Parkway, Ste. 200
64 CITY ST ZIP	Dallas, Tx 75240

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)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Thomas J. Sabatino, Jr.* Thomas J. Sabatino, Jr. 4/11/95 214/789-2465
Date: 4/11/95