

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 JAN 29 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G00729 (5)**  
1. Corporation Name  
**AMBULATORY CARE-BROWARD DEVELOPMENT CORP.**



Principal Place of Business Mailing Address  
**2700 COLORADO AVE.  
14001 DALLAS PARKWAY, S200  
SANTA MONICA CA 90404  
US**

3. Date Incorporated or Qualified <b>09/21/1982</b>	3a. Date of Last Report <b>04/12/1995</b>
4. FEI Number <b>95-4023018</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81. Name <b>C T Corporation System</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b>
83.
84. City <b>Plantation</b>
85. Zip Code <b>FL 33324</b>

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 By: *D. F. Hickey* **D. F. Hickey, Asst. Secretary** **1-26-96**  
DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>BROWN, SCOTT M.</b>
STREET ADDRESS	<b>2700 COLORADO AVE.</b>
CITY-ST-ZIP	<b>SANTA MONICA CA</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>FOCHT, MICHAEL H.</b>
STREET ADDRESS	<b>2700 COLORADO AVE.</b>
CITY-ST-ZIP	<b>SANTA MONICA CA</b>
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE
NAME	<b>MACKEY, THOMAS B.</b>
STREET ADDRESS	<b>2700 COLORADO AVE.</b>
CITY-ST-ZIP	<b>SANTA MONICA CA</b>
TITLE	<b>VPT</b> <input type="checkbox"/> DELETE
NAME	<b>MCMULLEN, TERENCE P.</b>
STREET ADDRESS	<b>2700 COLORADO AVE.</b>
CITY-ST-ZIP	<b>SANTA MONICA CA</b>
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, W. RANDOLPH</b>
STREET ADDRESS	<b>14001 DALLAS PARKWAY, STE. 200</b>
CITY-ST-ZIP	<b>DALLAS TX</b>
TITLE	<b>VPAS</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SABATINO, THOMAS J.</b>
STREET ADDRESS	<b>14001 DALLAS PARKWAY, STE. 200</b>
CITY-ST-ZIP	<b>DALLAS TX</b>

1.1 TITLE	<b>Director; Senior Vice</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>President and Secretary</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

000001707960  
-02/06/96-01089-024  
\*\*\*\*200.00 \*\*\*\*200.00

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: *Scott M. Brown* **1/24/96 (310)998-8427**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date & Phone #

CR2E034 (12/95)