

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

**FILED**  
97 APR 28 AM 7:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **600729**  
1. Corporation Name

**AMBULATORY CARE-BROWARD DEVELOPMENT CORP.**

Principal Place of Business: **3820 State Street Santa Barbara, CA 93105**  
Mailing Address: **c/o Mary H. YUmibe 3820 State Street Santa Barbara, CA 93105**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	9/21/82	1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 City & State	28 City & State	95-4023018	Not Applicable
24 Zip	29 Zip	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T Corporation System 1200 S. Pine Island Road Plantation, FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	000002162490--3		
				83	-05/01/97-01104-022		
				84 City	***165.00 ***165.00		
				85 Zip Code	FL		

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 reinstalling) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Michael H. Focht, Sr.
STREET ADDRESS		1.3 STREET ADDRESS	3820 State Street
CITY, ST, ZIP		1.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	EVP/CFO
STREET ADDRESS		2.3 STREET ADDRESS	Trevor Fetter
CITY, ST, ZIP		2.4 CITY-ST-ZIP	3820 State Street Santa Barbara, CA 93105
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	SVP/S/D
STREET ADDRESS		3.3 STREET ADDRESS	Scott M. Brown
CITY, ST, ZIP		3.4 CITY-ST-ZIP	3820 State Street Santa Barbara, CA 93105
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	VP/T
STREET ADDRESS		4.3 STREET ADDRESS	Terence P. McMullen
CITY, ST, ZIP		4.4 CITY-ST-ZIP	3820 State Street Santa Barbara, CA 93105
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	AS
STREET ADDRESS		5.3 STREET ADDRESS	Alan Lundgren
CITY, ST, ZIP		5.4 CITY-ST-ZIP	3820 State Street Santa Barbara, CA 93105
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY-ST-ZIP	

14. I declare by certifying 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.

SIGNATURE: Scott M. Brown Scott M. Brown, Secretary 4/24/97 805/563-7075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)