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1998 MAR -9 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # G00729 (5)</b> 1. Corporation Name <b>AMBULATORY CARE-BROWARD DEVELOPMENT CORP.</b>		



Principal Place of Business <b>3820 STATE STREET SANTA BARBARA CA 93105 US</b>	Mailing Address <b>3820 STATE STREET SANTA BARBARA CA 93105 US</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21. City & State 22. Suite, Apt. #, etc. 23. Zip 24. Country		<b>2a. Mailing Address</b> 25. City & State 26. Suite, Apt. #, etc. 27. Zip 28. Country		<b>3. Date Incorporated or Qualified</b> 09/21/1982	<b>4. FEI Number</b> 95-4023018	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>6. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>9. Name and Address of Current Registered Agent</b> CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				<b>10. Name and Address of New Registered Agent</b> 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 700002452667--R -03/10/98--0106B--021 83. City ****150.00 FL ***2150.00			
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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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVDS BROWN, SCOTT M. 3820 STATE STREET SANTA BARBARA CA 93105	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P FOCHT, MICHAEL H. 3820 STATE STREET SANTA BARBARA CA 93105	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	AS LUNDGREN, ALAN 3820 STATE STREET SANTA BARBARA CA 93105	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPT MCMULLEN, TERENCE P. 3820 STATE STREET SANTA BARBARA CA 93105	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	EVCF FETTER, TREVOR 3820 STATE STREET SANTA BARBARA CA 93105	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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.

SIGNATURE \_\_\_\_\_ Alan Lundgren 2/24/98 805/563-7075

CR2E034 (10/97)

*Handwritten signature and date:*  
 [Signature]  
 2/24/98