

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 JAN 29 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H53102 (0)

1. Corporate Name

AMISUB (AMERICAN HOSPITAL), INC.

Principal Place of Business

2700 COLORADO AVE.
SUITE 200
SANTA MONICA CA 90404
US

Mailing Address

2700 COLORADO AVE.
SUITE 200
SANTA MONICA CA 90404
US

3. Date Incorporated or Qualified

04/19/1985

3a. Date of Last Report

04/12/1995

4. FEI Number

95-3975198

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

C T Corporation System

82 Street Address (P.O. Box Number Is Not Acceptable)

1200 South Pine Island Road

83

84 City

Plantation

FL

85

Zip Code
33324

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:

M.T. Fitzpatrick

M.T. Fitzpatrick, Asst. Secretary 1-25-96

Signature of person or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME BROWN, SCOTT M.
STREET ADDRESS 2700 COLORADO AVE.
CITY-STATE-ZIP SANTA MONICA CA

TITLE ☐ DELETE

NAME FOCHT, MICHAEL H.
STREET ADDRESS 2700 COLORADO AVE.
CITY-STATE-ZIP SANTA MONICA CA

TITLE ☐ DELETE

NAME EVF
STREET ADDRESS 2700 COLORADO AVE.
CITY-STATE-ZIP SANTA MONICA CA

TITLE ☐ DELETE

NAME MCMULLEN, TERENCE P.
STREET ADDRESS 2700 COLORADO AVE.
CITY-STATE-ZIP SANTA MONICA CA

TITLE ☐ DELETE

NAME SMITH, W. RANDOLPH
STREET ADDRESS 14001 DALLAS PARKWAY, STE. 200
CITY-STATE-ZIP DALLAS TX

TITLE ☒ DELETE

NAME VPAS
STREET ADDRESS SABATINO, THOMAS J.
CITY-STATE-ZIP 14001 DALLAS PARKWAY, STE. 200
DALLAS TX

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☒ Addition

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SIGNATURE:

Scott M. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Scott M. Brown

1/22/96

(310)998-8427

Date

Daytime Phone #

CR2E034 (12/95)