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1997 MAR 25 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # K02755 (2)

1. Corporation Name

REPUBLIC HEALTH CORPORATION OF NORTH MIAMI

Principal Place of Business
3401 W. END AVE.
SUITE 700
NASHVILLE TN 32703

Mailing Address
PO BOX 1200
NASHVILLE TN 37202

3. Date Incorporated or Qualified: 11/19/1987

3a. Date of Last Report: 04/02/1996

4. FEI Number: 75-2212944 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $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
21 3820 State Street
Suite, Apt. #, etc. 22
City & State 23 Santa Barbara, CA
Zip 24 93105 Country 25 USA

2a. Mailing Address
26 c/o Mary H. Yumibe
Suite, Apt. #, etc. 27 3820 State Street
City & State 28 Santa Barbara, CA
Zip 29 93105 Country 30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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-03/25/97--01085--011
****165.00 ****165.00

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CCEO	BIANCO, DOMINICK	3401 WEST END AVE, STE 700	NASHVILLE TN 37203	☒
PCOO	PATZ, STEPHEN M	160 N.W. 170TH ST.	N. MIAMI BEACH FL 33169	☒
AS	ABBOTT, KAREN H	3401 WEST END AVENUE, STE. 700	NASHVILLE TN	☒
VT	TONNIES, RUSSELL F.	3401 WEST END AVENUE, STE. 700	NASHVILLE TN	☒
D	PITTS, KEITH B	3401 WEST END AVENUE, STE. 700	NASHVILLE TN	☒
EVCF	SANZ, COROLA	160 NW 170TH ST	N MIAMI BCH FL	☒

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

No.	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	P	Stephen Patz	160 N.W. 170th St.	North Miami Beach, FL 33169	☐	☒
2	DVS	Scott M. Brown	392- State Street		☐	☒
3	VCFO	Trevor Fetter	3820 State Street	Santa Barbara, CA 93105	☐	☒
4	VT	Terence P. McMullen	3820 State Street	Santa Barbara, CA 93105	☐	☒
5	AS	Alan Lundgren	3820 State Street	Santa Barbara, CA 93105	☐	☒
6					☐	☐

TSP 3/25/97

CR2E034 (9/96)

14. I do 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: Scott M. Brown, Secretary 3/14/97 805/563-7075