

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

FILED

May 08 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # K79594 (3)
 1. Corporation Name
FLORIDA MEDICAL FACILITIES, INC.

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| Principal Place of Business 4350 LJ VILLAGE DR STE 400 C/O TAX SAN DIEGO CA 92122-1233 US | Mailing Address 4350 L. J. VILLAGE DRIVE STE 400 C/O TAX SAN DIEGO CA 92122 US |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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| 3. Date Incorporated or Qualified 04/10/1989 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-1531223 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST
TALLAHASSEE FL 32301

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| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WOLD, CASEY R 4350 LJ VILLAGE DR STE 400 C/O TAX SAN DIEGO CA 92122-1233 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GEIER, CRAIG A 4350 LJ VILLAGE DR STE 400 C/O TAX SAN DIEGO CA 92122-1233 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DOUGLAS L. HAGEMAN 4350 LJ VILLAGE DR STE 400 C/O TAX SAN DIEGO CA 92122-1233 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV CLAPP, DAVID 4350 LJ VILLAGE DR STE 400 C/O TAX SAN DIEGO CA 92122-1233 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS RILEY, MARK P 4350 LJ VILLAGE DR STE 400 C/O TAX SAN DIEGO CA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEETS, RICHARD 4350 LJ VILLAGE DRIVE STE 400 C/O TAX SAN DIEGO CA 92122-1233 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | VT Wendy M. Godoy 4350 L.J. Village Dr, Ste 400 C/O TAX San Diego, CA 92122-1233 |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | V James Hutchison 4350 L.J. Village Dr, Ste 400 C/O TAX San Diego, CA 92122-1233 |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | AS HOLLI G. HURLEY 4350 L.J. Village Dr, Ste 400 C/O TAX San Diego, CA 92122-1233 |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | AS MORRIS H. MILLER 4350 L.J. Village Dr, Ste 400 C/O TAX San Diego, CA 92122-1233 |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | V Don S. Kovacic 4350 L.J. Village Dr, Ste 400 C/O TAX San Diego, CA 92122-1233 |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | |

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: Don S. Kovacic **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/30/97 Daytime Phone: (619) 546-5578
 0526246

CR2E034 (9/96)