

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90052 038 ***150.00

DOCUMENT #

1. Corporation Name

FLORIDA MEDICAL FACILITIES, INC.

K 79594

Principal Place of Business

4350 L.J. VILLAGE DR.
C/O TAX DEPT., STE 400
SAN DIEGO, CA 92122-1233
US

Mailing Address

4350 L.J. VILLAGE DR.
C/O TAX DEPT., STE 400
SAN DIEGO, CA 92122-1233
US

* 5 5 554721 - 90052 - 38

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/10/1989

4. FEI Number

59- 2751488

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 owes the current year intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301

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

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 PD ☐ DELETE

NAME WOLD, CASEY R.

STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400

CITY-ST-ZIP SAN DIEGO, CA 92122-1233

TITLE S ☒ DELETE

NAME HAGEMAN, DOUGLAS L.

STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400

CITY-ST-ZIP SAN DIEGO, CA 92122-1233

TITLE V ☒ DELETE

NAME KOVACIC, DON S.

STREET ADDRESS 4350 L.J. VILLAGE DR., STE400

CITY-ST-ZIP SAN DIEGO, CA 92122-1233

TITLE VT ☒ DELETE

NAME WENDY M. GODOY

STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400

CITY-ST-ZIP SAN DIEGO, CA 92122-1233

TITLE DV ☐ DELETE

NAME DAVID W. CLAPP

STREET ADDRESS 4350 L.J. VILLAGE DR., STE400

CITY-ST-ZIP SAN DIEGO, CA 92122-1233

TITLE V ☐ DELETE

NAME JAMES HUTCHISON

STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400

CITY-ST-ZIP SAN DIEGO, CA 92122-1233

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME HOLLI G. SALAZAR

2.3 STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400

2.4 CITY-ST-ZIP SAN DIEGO, CA 92122-1233

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME COLIN J. CHAPIN

3.3 STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400

3.4 CITY-ST-ZIP SAN DIEGO, CA 92122-1233

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME JEFFREY D. ECHT

4.3 STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400

4.4 CITY-ST-ZIP SAN DIEGO, CA 92122-1233

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME PETER M. BALLON

6.3 STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400

6.4 CITY-ST-ZIP SAN DIEGO, CA 92122-1233

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, with all other like empowered.

SIGNATURE:

HOLLI SALAZAR, SECRETARY

4/27/99

(619) 546-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)