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PROFIT CORPORATION ANNUAL REPORT

1996

Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(1)

Mailing Address

NORTH RIDGE CARENET, INC.

APPROVED AND FILED

96 JAN 29 PM 1: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2700 COLORADO AVE. 2700 COLORADO AVE. -02/06/98--01101--008 STE. 200 STE. 200 事業業200.00 業業業200.00 Qualified [3a. Date of Last Report SANTA MONICA CA 90404 SANTA MONICA CA 90404 3. Date Incorporated or Qualified 06/05/1989 04/12/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 95-4225608 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 Oity & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Zιρ Country 6. This corporation has liability for intangible tax under s 199.032, ☐ Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T Corporation System THE PRENTICE HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 82 1201 HAYS STREET 1200 South Pine Island Road 83 SUITE 105 TALLAHASSEE FL 32301 84 Plantation 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. **ву:** М M.T. Fitzpatrick, Asst. Secretary 1-25-96 atti. SIGNATURE NOTE Registered Agent signature required when reinstating! OF ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change K Add-tion THELE 1.1 TITLE DSVP Secretary NAME BROWN, SCOTT M. 1.2 NAME STRUET ADDRESS 2700 COLORADO AVE. 1.3 STREET ADDRESS SANTA MONICA CA 1.4 CITY-ST-ZIP DELETE THEF 2 1 TITLE Change Addition NAMi FOCHT, MICHAEL H. STREET ALCORESS 2700 COLORADO AVE. 2.3 STREET ADDRESS SANTA MONICA CA CHY ST 26 2 4 CHY-ST-2IP [] DELETE 3 1 TITLE ☐ Change Add-tion EVP NAME MACKEY, THOMAS B. 3 2 NAME 2700 COLORADO AVE. STELL LADORESS 3.3 STREET ADDRESS CITY ST ZIP SANTA MONICA CA 3.4 City - \$1 - 2iP DELETE 10.4 Change Addition 4 1 TITLE NAME MCMULLEN, TERENCE P. 4.2 NAME 2700 COLORADO AVE. STREET ADDRESS 4.3 STREET ADORESS ČI1 v - 51 - ZI⊧ SANTA MONICA CA 4.4 C(1Y - ST - Z)P [] DELETE THE 5 1 THLE ☐ Change Add-tion **EVP** NAME SMITH W. RANDOLPH 5.2 NAME STREET ACORESS 14001 DALLAS PARKWAY, STE. 200 5.3 STREET ADDRESS C15Y - S1 - ZIP DALLAS TX 5 4 CITY - ST - ZIP III: E DELETE 6 1 THILE Change Addition **VPAS** NAME SABATINO, THOMAS J. 6.2 NAME STREET ACORESS 6.3 STREET ADDRESS 14001 DALLAS PARKWAY, STE. 200 011Y-S1-ZIP 64 CITY - ST - ZIP

The hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutel, furnished 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 eath; 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. 14. Ldo hereby

AME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (310)998-8427

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