FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06441 (0)

1. Current Corporate Name
RAMSAY HEALTH CARE, INC.

Principal Place of Business
639 LOYOLA AVE. STE. 1400
STE - 1700
NEW ORLEANS LA 70113
US

Mailing Address
639 LOYOLA AVE. STE. 1400
STE - 1700
NEW ORLEANS LA 70113
US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated / Qualified: 06/14/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
ZIP 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
ZIP 29 County 30

4. FEI Number: 63-0857352 — 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 to intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 (Typed or printed name of registered agent and title if agent is a corporation) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CB	TITLE		☐ Change ☐ Addition
NAME	RAMSAY, PAUL	NAME		
STREET ADDRESS	156 PACIFIC HWY STE 103	STREET ADDRESS		
CITY-ST-ZIP	SYDNEY, AUSTRALIA	CITY-ST-ZIP		
TITLE	~~P~~	TITLE	CEO AND VICE CHAIRMAN	☒ Change ☐ Addition
NAME	BROWNE, GREGORY H.	NAME		
STREET ADDRESS	639 LOYOLA AVE STE 1400	STREET ADDRESS	639 LOYOLA AVE. SUITE 1700	
CITY-ST-ZIP	NEW ORLEANS LA	CITY-ST-ZIP		
TITLE	~~VP~~	TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	~~ZUMONT JR, JACK V~~	NAME	REYNOLD JENNINGS	
STREET ADDRESS	639 LOYOLA AVE / STE - 1700	STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS FL	CITY-ST-ZIP		
TITLE	D	TITLE		☐ Change ☐ Addition
NAME	EVANS, PETER J.	NAME		
STREET ADDRESS	156 PACIFIC HWY #103	STREET ADDRESS		
CITY-ST-ZIP	GREENWICH, NSW	CITY-ST-ZIP		
TITLE	D	TITLE		☐ Change ☐ Addition
NAME	SIDDLE, MICHAEL S.	NAME		
STREET ADDRESS	156 PACIFIC HWY #103	STREET ADDRESS		
CITY-ST-ZIP	GREENWICH, NSW	CITY-ST-ZIP		
TITLE	D	TITLE		☐ Change ☐ Addition
NAME	GALLOWAY, ROBERT E.	NAME		
STREET ADDRESS	1980 72ND AVE	STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this filing is accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I/We further certify that the information indicated on this report or supplemental 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 with an asterisk (*) or on an attachment with an asterisk.

SIGNATURE: GREGORY H. BROWN CEO 4/25/95 504-525-2505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0392356 CP