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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business

ONE ALHAMBRA PLAZE

CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

STE 750

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P06441

(0)

Mailing Address

2a. Mailing Address

City & State

Ζφ

Suite, Apt. #, etc.

STE 750

US

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ONE ALHAMBRA PLAZA

CORAL GABLES FL 33134

RAMSAY HEALTH CARE, INC.

Country

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	Г	ILED	
May	15	1998	8:00am
Sec	cret	ary of	State



8. This corporation owes or has paid the current year Intangible

1/29/00 (205) 500

Yes

9. Name and Address of Current Registered Agent		10, Name and Address of New Registered Agent		
CT CORPORATION SYSTEM	81 N	Name		
1200 S. PINE ISLAND ROAD	<b>B2</b> S	Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				

83 84 City **B**5 Zip Code

Personal Property Tax due June 30.

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, and accept the objection 607.6505. Florida Statutes

Country

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ayent. La	an ignimal with, and accept the conganons of,	3601011 007,0303, 11011	ua statutes.	
SIGNATURE	Signature, typed or printed hands of registered agent and title if	applicable (NOTE F	Registered Agent signature	required when reinstaling DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	СВ	DELETE	1.1 TITLE	VC Change X Addition
NAME	RAMSAY, PAUL		1.2 NAME	Lamela, Luis E.
STREET ADDRESS	156 PACIFIC HWY STE 103		1.3 STREET ADDRESS	One Alhambra Plaza, Suite 750
CITY - ST - ZIP	SYDNEY, AUSTRALIA		1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	VP	DELETE	2.1 TITLE	P/COO La Change Addition
NAME	<b>Q</b> UINN, JOHN		2.2 NAME	Cibran, Bert G.
STREET ADDRESS	ONE ALHAMBRA PLAZA STE 750		2.3 STREE1 ADDRESS	One Alhambra Plaza, Suite 750
City-St-ZIP	CORAL GABLES FL		2. 4 CITY - S1 - ZIP	Coral Gables, FL 33134
TITLE	D	DELETE	3.1 TITLE	EVP/ CFO Change Addition
NAME	Evans, Peter J.		3.2 NAME	Lang, Carol C.
STREET ADDRESS	158 PACIFIC HWY #103		3.3 STREET ADDRESS	One Alhambra Plaza, Suite 750
CITY-ST-ZIP	GREENWICH, NSW		3 4. CITY - ST - ZIP	Coral Gables, FL 33134
TITLE	TD TO THE TOTAL TO	☐ DELETE	41 TITLE	EVP/CMO Change 🖼 Addition
NAME	SIDDLE, MICHAEL S.		4. 2 NAME	Lazoritz, Martin
STREET ADDRESS	156 PACIFIC HWY #103		4.3 STREFT ADDRESS	One Alhambra Plaza, Suite 750
CITY-ST-ZIP	GREENWICH, NSW		4.4 CITY - ST - ZIP	Coral Gables, FL 33134
TITLE		DELETE	5.1 TITLE	VP/S/Corp Controller Change Addition
NAME			5.2 NAME	Sims, Daniel
STREET ADDRESS			5.3 STREE1 ADDRESS	One Alhambra Plaza, Suite 750
CITY-\$1-ZIP			5.4 CITY - ST - ZIP	Coral Gables, FL 33134
TITLE		DELETE	6.1 TITLE	VP ☐ Change 🖼 Addition
NAME			6.2 NAME	Smith, Wallace E.
STREET ADDRESS			63 STREET ADDRESS	One Alhambra Plaza, Suite 750

14. Thereby 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 of 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 of online altachment with 21 andress.

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