

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

FILED  
Apr 29 1997 8:00am  
Secretary of State



PROFIT CORPORATION  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P31538 (2)  
1. Corporation Name  
AMERICAN OUTPATIENT SERVICES CORPORATION



Principal Place of Business  
TWO S UNIVERSITY DR #110  
PLANTATION FL 33324  
US

Mailing Address  
TWO S UNIVERSITY DR  
110  
PLANTATION FL 33324-3305  
US

3. Date Incorporated or Qualified: 10/24/1990  
3a. Date of Last Report: 02/20/1996  
4. FEI Number: 95-4046814  
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 for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 1919 Charlotte Avenue  
22 Suite, Apt. #, etc.  
23 Nashville, TN  
24 Zip 37203 Country USA

2a. Mailing Address  
26 1185 Oak Street  
27 ATTN: Legal Department  
28 Lakewood, CO  
29 Zip 80215 Country USA

9. Name and Address of Current Registered Agent  
BURRIER, VICTORIA  
TWO S UNIVERSITY DR # 110  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
81 Name: CT Corporation System  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 1200 S. Pine Island Road  
84 City: Plantation FL 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.

SIGNATURE: *Marcia J. Sunahara* Marcia J. Sunahara, Asst. V.P. DATE: 4-17-97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	REISS, SAUL	
STREET ADDRESS	280 S. BEVERLY DR #207	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARVEY, CLAUDIA	
STREET ADDRESS	448 RALPH MCGILL BLVD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BURRIER, VICKI	
STREET ADDRESS	TWO S UNIVERSITY DR #110	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	SPIRA, LAWRENCE	
STREET ADDRESS	TWO S UNIVERSITY DR, #110	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D / P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lawrence J. Centella	
1.3 STREET ADDRESS	8420 W. Bryn Mawr, #880	
1.4 CITY-ST-ZIP	Chicago, IL 60631	
2.1 TITLE	D / VP / T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Herbert S. Lawson	
2.3 STREET ADDRESS	1185 Oak Street	
2.4 CITY-ST-ZIP	Lakewood, CO 80215	
3.1 TITLE	D / VP / S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ralph Z. Levy, Jr.	
3.3 STREET ADDRESS	1919 Charlotte Avenue	
3.4 CITY-ST-ZIP	Nashville, TN 37203	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Nancy A. Walla	
4.3 STREET ADDRESS	1185 Oak Street	
4.4 CITY-ST-ZIP	Lakewood, CO 80215	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Nancy A. Walla* Nancy A. Walla 11 March 1997 (303) 205-2588  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)