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Jan 27 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 # P37267 (2)

1. Corporation Name
SALICK HEALTH CARE, INC.

Principal Place of Business
8201 BEVERLY BOULEVARD
LOS ANGELES CA 90048-4520

Mailing Address
8201 BEVERLY BOULEVARD
LOS ANGELES CA 90048-4520



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/28/1992		04/22/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		95-4333272		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26		27		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET, 2ND FLOOR
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
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 _____ DATE _____
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	CD
NAME	FIORRE, MICHAEL T.	1.2 NAME	Salick, Bernard M.D.
STREET ADDRESS	8201 BEVERLY BLVD.	1.3 STREET ADDRESS	8201 Beverly Blvd.
CITY-ST-ZIP	LOS ANGELES CA 90048	1.4 CITY-ST-ZIP	Los Angeles, CA 90048
TITLE	D	2.1 TITLE	D
NAME	MCKILLOP, THOMAS	2.2 NAME	Mintz, Thomas M.D.
STREET ADDRESS	ALDERLY HOUSE, ALDERLY PARK	2.3 STREET ADDRESS	8201 Beverly Blvd.
CITY-ST-ZIP	MACCLESFIELD CH	2.4 CITY-ST-ZIP	Los Angeles, CA 90048
TITLE	D	3.1 TITLE	VD
NAME	GODDARD, JOHN	3.2 NAME	Bromley-Williams, Barbara
STREET ADDRESS	ALDERLY HOUSE, ALDERLY PARK	3.3 STREET ADDRESS	8201 Beverly Blvd.
CITY-ST-ZIP	MACCLESFIELD CH	3.4 CITY-ST-ZIP	Los Angeles, CA 90048
TITLE	D	4.1 TITLE	VD
NAME	BLACK, ROBERT	4.2 NAME	Jeffries, Patrick W.
STREET ADDRESS	1800 CONCORD PIKE	4.3 STREET ADDRESS	8201 Beverly Blvd.
CITY-ST-ZIP	WILMINGTON DE 19850-5437	4.4 CITY-ST-ZIP	Los Angeles, CA 90048
TITLE	D	5.1 TITLE	D
NAME	CARTER, MICHAEL M.D.	5.2 NAME	Pink, Alan I.H.
STREET ADDRESS	8201 BEVERLY BLVD.	5.3 STREET ADDRESS	15 Stanhope Gate
CITY-ST-ZIP	LOS ANGELES CA 90048	5.4 CITY-ST-ZIP	London, England UK
TITLE	XXXX PSTD	6.1 TITLE	D
NAME	BELL, LESUE F	6.2 NAME	Johnson, Allen
STREET ADDRESS	8201 BEVERLY BLVD.	6.3 STREET ADDRESS	c/o 8201 Beverly Blvd.
CITY-ST-ZIP	LOS ANGELES, CA 90048	6.4 CITY-ST-ZIP	Los Angeles, CA 90048

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)