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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 APR -8 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37267 (2)

1. Corporation Name
SALICK HEALTH CARE, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1992

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 95-4333272 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: CT Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83: 700002487877--2 -04/14/98--01064-019 ****150.00 ****350.00
84 City: Plantation FL

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: Connie Bryan OFFICIAL ASSISTANT SECRETARY — 4/8/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV FIORE, MICHAEL T. 8201 BEVERLY BLVD. LOS ANGELES CA	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D/EVP/CFO/Treasurer Peter Rogers 8201 Beverly Blvd. Los Angeles, CA 90048	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKILLOP, THOMAS ALDERLY HOUSE, ALDERLY PARK MACCLESFIELD CH	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Assistant Secretary Glenn M. Engelmann 8201 Beverly Blvd. Los Angeles, CA 90048	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GODDARD, JOHN ALDERLY HOUSE, ALDERLY PARK MACCLESFIELD CH	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	EVP/General Counsel/Secretary Peter H, Jessup 8201 Beverly Blvd. Los Angeles, CA 90048	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, ROBERT 1800 CONCORD PIKE WILMINGTON DE	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	EVP Lawrence Piro, M.D. 8201 Beverly Blvd. Los Angeles, CA 90048	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, MICHAEL M.D. 8201 BEVERLY BLVD. LOS ANGELES CA	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	EVP Anthony LaMacchia 8201 Beverly Blvd. Los Angeles, CA 90048	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD BELL, LESLIE F 8201 BEVERLY BLVD. WINSTON-SALEM NC	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	Assistant Secretary Ann V. Booth-Barbarin 8201 Beverly Blvd. Los Angeles, CA 90048	☐ Change ☒ Addition

CR2E034 (10/97)

14. I 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: