

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37267

1. Entity Name

SALICK HEALTH CARE, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90111 015 ***150.00

Principal Place of Business

8201 BEVERLY BOULEVARD
LOS ANGELES CA 90048-4520

Mailing Address

8201 BEVERLY BOULEVARD
LOS ANGELES CA 90048-4505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-4333272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DEVP ROGERS, PETER CFOT 8201 BEVERLY BOULEVARD LOS ANGELES CA 90048 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS ENGELMAN, GLENN M 8201 BEVERLY BOULEVARD LOS ANGELES CA 90048-4520 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DEVP JESSUP, PETER H GCS 8201 BEVERLY BOULEVARD LOS ANGELES CA 90048 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PIRO, M.D., LAWRENCE CEO 8201 BEVERLY BOULEVARD LOS ANGELES CA 90048 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DEVP LAMACCHIA, ANTHONY 8201 BEVERLY BOULEVARD LOS ANGELES CA 90048 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS BOOTH-BARBARIN, ANN V 8201 BEVERLY BOULEVARD LOS ANGELES CA 90048-4520 | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC Goddard, John G. 8201 Beverly Blvd. Los Angeles, CA 90048 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP Levine, Harlan, M.D. 8201 Beverly Blvd. Los Angeles, CA 90048 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVPCIO Chernesky, John 8201 Beverly Blvd. Los Angeles, CA 90048 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP MacDonald, John, M.D. 8201 Beverly Blvd. Los Angeles, CA 90048 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP Wilbur, Daniel 8201 Beverly Blvd. Los Angeles, CA 90048 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPS Goff, Anita 8201 Beverly Blvd. Los Angeles, CA 90048 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

13. 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 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 11 or Block 12 if changed, or on an attachment with an address and all other like empowered.

SIGNATURE

Ann V. Booth-Barbarin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann V. Booth-Barbarin 4/26/00 302-886-3091

Date

Daytime Phone #

CR2E034 (9/99)

Attachment
C0079548
#P3-7267

Salick Health Care, Inc.
8201 Beverly Boulevard
Los Angeles, CA 90048

Board of Directors

Peter H. Jessup
John G. Goddard
Peter Rogers

Officers

John G. Goddard
Peter H. Jessup
Peter Rogers
Harlan Levine, M.D.
John Chernesky, M.D.
Daniel Wilbur
Anita Goff
Gregory A. Davies
John P. Brazzo
Ann V. Booth-Barbarin

Chairman
President & Chief Executive Officer
Executive V.P., CFO & Treasurer
Executive V. P.
Executive V. P. & Chief Information Officer
Executive V. P., Human Resources
Senior V. P. & Secretary
Assistant Treasurer
Assistant Treasurer
Assistant Secretary