

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90655 044 \*\*\*150.00

0614742 AT

**DOCUMENT # P37267**

1. Entity Name

**SALICK HEALTH CARE, INC.**

Principal Place of Business

**8201 BEVERLY BOULEVARD  
C/O LEGAL DEPARTMENT  
LOS ANGELES CA 90048-4520**

Mailing Address

**8201 BEVERLY BOULEVARD  
C/O LEGAL DEPARTMENT  
LOS ANGELES CA 90048-4520**

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, 2002 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 ☐ Delete  
NAME **DEVP**  
STREET ADDRESS **ROGERS, PETER CFOT**  
CITY-ST-ZIP **8201 BEVERLY BOULEVARD  
LOS ANGELES CA 90048**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BRINSMEAD, CHRIS D**  
CITY-ST-ZIP **8201 BEVERLY BOULEVARD  
LOS ANGELES CA 90048**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **DCEO**  
STREET ADDRESS **JESSUP, PETER H GCS**  
CITY-ST-ZIP **8201 BEVERLY BOULEVARD  
LOS ANGELES CA 90048**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **VOSE, BRENT M**  
CITY-ST-ZIP **8201 BEVERLY BOULEVARD  
LOS ANGELES CA 90048**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **AT**  
STREET ADDRESS **DAVIES, GREGORY A**  
CITY-ST-ZIP **8201 BEVERLY BOULEVARD  
LOS ANGELES CA 90048**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **AS**  
STREET ADDRESS **BOOTH-BARBARIN, ANN V**  
CITY-ST-ZIP **8201 BEVERLY BOULEVARD  
LOS ANGELES CA 90048-4520**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, with all other like empowered.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Peter H. Jessup 3-8-02**

Date

**323-966-3400**

Daytime Phone #

CR2E034 (9/01)

**Salick Health Care, Inc. (DE)**

**8201 Beverly Blvd  
Los Angeles, CA 90048**

*Attachment + Dist*

*P37267  
615401*

**Directors:**

Chris D. Brinsmead  
John G. Goddard  
Peter H. Jessup  
Peter J. Rogers  
Brent M. Vose

**Officers:**

John G. Goddard  
Peter H. Jessup  
Peter J. Rogers

Marc L. Hecksel  
John S. Macdonald, M.D.

Daniel Wilbur  
Anita R. Goff  
Wes Scruggs  
Stephen J. Bordelon

Gregory A. Davies  
John P. Brazzo  
Ann V. Booth-Barbarin

Chairman  
President & Chief Executive Officer  
Executive Vice President, Chief Financial Officer &  
Treasurer  
Executive Vice President & Chief Operating Officer  
Executive Vice President Medical Affairs,  
Chief Medical Officer  
Executive Vice President Human Resources  
Executive Vice President & Secretary  
Executive Vice President & Chief Information Officer  
Executive Vice President of Business Development and  
Billing Services  
Assistant Treasurer  
Assistant Treasurer  
Assistant Secretary