

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90007 029 ***150.00

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**

24013300



2. Principal Place of Business

3. Mailing Address

02032004 Chg-P CR2E034 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. 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** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPS
GOFF, ANITA R
8201 BEVERLY BOULEVARD
LOS ANGELES, CA 90048** ☐ Delete

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VOSE, BRENT M.
1800 CONCORD PIKE
WILMINGTON, DE 19803** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
DAVIES, GREGORY A.
1800 CONCORD PIKE
WILMINGTON, DE 19803** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
BOOTH-BARBARIN, ANN V
8201 BEVERLY BOULEVARD
LOS ANGELES, CA 900484520** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
BOOTH-BARBARIN, ANN V.
1800 CONCORD PIKE
WILMINGTON, DE 19803** ☒ Change ☐ Addition

12. 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 10 or Block 11 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, CEO 2/10/04

Date

(323) 966-3400

Daytime Phone #