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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:08

DOCUMENT # P39644 (0)

1. Corporation Name
TRANSITIONAL HOSPITALS CORPORATION

Principal Place of Business	Mailing Address
24502 PACIFIC PARK DRIVE LAGUNA HILLS CA 92656-3035	24502 PACIFIC PARK DRIVE LAGUNA HILLS CA 92656-3035

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/14/1992
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business	2a. Mailing Address
21 6600 W. CHARLESTON	26 6600 W. CHARLESTON
Suite, Apt. #, etc. 22 SUITE 118	Suite, Apt. #, etc. 27 SUITE 118
City & State 23 LAS VEGAS, NV	City & State 28 LAS VEGAS, NV
Zip 24 89102 Country 25 USA	Zip 29 89102 Country 30 USA

4. FEI Number: 33-0514862 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ (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	CD	1.1 TITLE		☒ Change ☐ Addition
NAME	RICHARD L. CONTE	1.2 NAME		
STREET ADDRESS	24502 PACIFIC PARK DRIVE	1.3 STREET ADDRESS	6600 W. CHARLESTON, #118	
CITY-ST-ZIP	LAGUNA HILLS CA	1.4 CITY-ST-ZIP	LAS VEGAS, NV 89102	
TITLE	PD	2.1 TITLE		☒ Change ☐ Addition
NAME	LAUGHLIN, JAMES R	2.2 NAME		
STREET ADDRESS	7000 CENTRAL PARKWAY, STE 1000	2.3 STREET ADDRESS	6600 W. CHARLESTON, #118	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	LAS VEGAS, NV 89102	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	FLEISCHMANN, HARTLY	3.2 NAME		
STREET ADDRESS	650 CALIFORNIA ST.,#2550	3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA	3.4 CITY-ST-ZIP	ZIP 94108	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SHIRES, DANA, MD	4.2 NAME		
STREET ADDRESS	2111 W. SWANN AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE	T	☒ Change ☐ Addition
NAME	WEIS, STEVEN S	5.2 NAME	WENDY L. SIMPSON	
STREET ADDRESS	24502 PACIFIC PARK DR	5.3 STREET ADDRESS	6600 W. CHARLESTON, #118	
CITY-ST-ZIP	LAGUNA HILLS CA	5.4 CITY-ST-ZIP	LAS VEGAS, NV 89102	
TITLE	S	6.1 TITLE		☒ Change ☐ Addition
NAME	MORGAN L. STAINES	6.2 NAME		
STREET ADDRESS	24502 PACIFIC PARK DRIVE	6.3 STREET ADDRESS	6600 W. CHARLESTON, #118	
CITY-ST-ZIP	LAGUNA HILLS CA	6.4 CITY-ST-ZIP	LAS VEGAS, NV 89102	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Morgan L. Staines 1/24/95 (702) 259-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0462434 FP