FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 12 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000009321 (9)

1. Corporation Name
LAUDERDALE CLINICAL SERVICES, INC.

Principal Place of Business	Mailing Address
14001 DALLAS PKWY STE 200 DALLAS TX 75240 US	14001 DALLAS PKWY STE 200 DALLAS TX 75240 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1993
3a. Date of Last Report: 02/17/1994
4. FEI Number: 76-0391130 — 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

2. Principal Place of Business	2a. Mailing Address
21 2700 Colorado Ave.	26 2700 Colorado Ave.
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: Santa Monica, Ca	28 City & State: Santa Monica, Ca
24 Zip: 90404 — 25 Country: USA	29 Zip: 90404 — 30 Country: USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

TITLE	D
NAME	BAILEY, BARY G
STREET ADDRESS	8201 PRESTON RD., #300
CITY ST ZIP	DALLAS TX 75225
TITLE	D
NAME	SMITH, W R
STREET ADDRESS	8201 PRESTON RD., #300
CITY ST ZIP	DALLAS TX 75225
TITLE	D
NAME	SABATINO, THOMAS J JR.
STREET ADDRESS	8201 PRESTON RD., #300
CITY ST ZIP	DALLAS TX 75225
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/SVP/S	☒ Change ☐ Addition
12 NAME	Scott M. Brown	
13 STREET ADDRESS	2700 Colorado Ave.	
14 CITY ST ZIP	Santa Monica, Ca 90404	
21 TITLE	P	☒ Change ☐ Addition
22 NAME	Michael H. Focht, Sr.	
23 STREET ADDRESS	2700 Colorado Ave.	
24 CITY ST ZIP	Santa Monica, Ca 90404	
31 TITLE	EVP	☒ Change ☐ Addition
32 NAME	Thomas B. Mackey	
33 STREET ADDRESS	2700 Colorado Ave.	
34 CITY ST ZIP	Santa Monica, Ca 90404	
41 TITLE	VP/T	☒ Change ☐ Addition
42 NAME	Terence P. McMullen	
43 STREET ADDRESS	2700 Colorado Ave.	
44 CITY ST ZIP	Santa Monica, Ca 90404	
51 TITLE	EVP	☒ Change ☐ Addition
52 NAME	W. Randolph Smith	
53 STREET ADDRESS	14001 Dallas Parkway, Ste. 200	
54 CITY ST ZIP	Dallas, Tx 75240	
61 TITLE	VP/AS	☒ Change ☐ Addition
62 NAME	Thomas J. Sabatino, Jr.	
63 STREET ADDRESS	14001 Dallas Parkway, Ste. 200	
64 CITY ST ZIP	Dallas, Tx 75240	

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)(k), 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: [signature] Thomas J. Sabatino, Jr. 4/7/95 214/789-2465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0302081 CP