

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

APPROVED  
AND  
FILED

96 JAN 29 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000009321 (9)

1. Corporation Name

LAUDERDALE CLINICAL SERVICES, INC.

Principal Place of Business

2700 COLORADO AVE.  
SANTA MONICA CA 90404  
US

Mailing Address

2700 COLORADO AVE.  
SANTA MONICA CA 90404  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/05/1993

3a. Date of Last Report

04/12/1995

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

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

C T Corporation System

82

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

1200 South Pine Island Road

83

84

City

Plantation

FL

Zip Code

33324

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, 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

By:

*M. T. Fitzpatrick*

M.T. Fitzpatrick, Asst. Secretary

1-25-96

Signature typed and printed name of registered agent and title if applicable

(JOSE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DSVP

☐ DELETE

NAME

BROWN, SCOTT M.

STREET ADDRESS

2700 COLORADO AVE.

CITY-ST-ZIP

SANTA MONICA CA

TITLE

P

☐ DELETE

NAME

FOCHT, MICHAEL H.

STREET ADDRESS

2700 COLORADO AVE.

CITY-ST-ZIP

SANTA MONICA CA

TITLE

EVP

☐ DELETE

NAME

MACKAY, THOMAS B.

STREET ADDRESS

2700 COLORADO AVE.

CITY-ST-ZIP

SANTA MONICA CA

TITLE

VPT

☐ DELETE

NAME

MCMULLEN, TERENCE P.

STREET ADDRESS

2700 COLORADO AVE.

CITY-ST-ZIP

SANTA MONICA CA

TITLE

VPAS

☒ DELETE

NAME

SABATINO, THOMAS J.

STREET ADDRESS

14001 DALLAS PARKWAY, STE. 200

CITY-ST-ZIP

DALLAS TX

TITLE

EVP

☐ DELETE

NAME

SMITH, W. RANDOLPH

STREET ADDRESS

14001 DALLAS PARKWAY STE. 200

CITY-ST-ZIP

DALLAS TX 75240

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Secretary

☐ Change

☒ Addition

1.2 NAME

800001708188

1.3 STREET ADDRESS

-02/06/96--01101--011

1.4 CITY-ST-ZIP

\*\*\*\*200.00 \*\*\*\*200.00

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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; 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:

*Sandra M. Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

(310)998-8427

Date

Daytime Phone #

CR2E034 (12/95)