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AND  
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97 JAN 21 PH 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 90404-3521  
US**

3. Date Incorporated or Qualified  
**02/05/1993**

3a. Date of Last Report  
**01/29/1996**

2. Principal Place of Business

**21 3820 State Street**

Suite, Apt. #, etc.

**22**

City & State

**23 Santa Barbara, CA**

Zip

**24 93105**

Country

**25 USA**

2a. Mailing Address

**26 c/o Mary H. Yumibe**

Suite, Apt. #, etc.

**27 3820 State Street**

City & State

**28 Santa Barbara, CA**

Zip

**29 93105**

Country

**30 USA**

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**000002063420--0  
-01/21/97-01044--023  
\*\*\*165.00 PL \*\*\*165.00**

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	<b>DSVP</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, SCOTT M.</b>	
STREET ADDRESS	<b>2700 COLORADO AVE.</b>	
CITY-ST-ZIP	<b>SANTA MONICA CA</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>FOCHT, MICHAEL H.</b>	
STREET ADDRESS	<b>2700 COLORADO AVE.</b>	
CITY-ST-ZIP	<b>SANTA MONICA CA</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> DELETE
NAME	<b>MACKEY, THOMAS B.</b>	
STREET ADDRESS	<b>2700 COLORADO AVE.</b>	
CITY-ST-ZIP	<b>SANTA MONICA CA</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> DELETE
NAME	<b>MCMULLEN, TERENCE P.</b>	
STREET ADDRESS	<b>2700 COLORADO AVE.</b>	
CITY-ST-ZIP	<b>SANTA MONICA CA</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, W. RANDOLPH</b>	
STREET ADDRESS	<b>14001 DALLAS PARKWAY STE. 200</b>	
CITY-ST-ZIP	<b>DALLAS TX 75240</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3820 State Street</b>
1.4 CITY-ST-ZIP	<b>Santa Barbara, CA 93105</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3820 State Street</b>
2.4 CITY-ST-ZIP	<b>Santa Barbara, CA 93105</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>2011 Palomar Airport Rd.</b>
3.4 CITY-ST-ZIP	<b>Carlsbad, CA 92009</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>3820 State Street</b>
4.4 CITY-ST-ZIP	<b>Santa Barbara, CA 93105</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Asst. Secretary</b>
6.3 STREET ADDRESS	<b>Alan Lundgren</b>
6.4 CITY-ST-ZIP	<b>3820 State Street</b>
	<b>Santa Barbara, CA 93105</b>

14. I do 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 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: *Alan Lundgren* **Alan Lundgren, Asst. Sec'y**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/16/97**

**805/563-7075**

Daytime Phone #

0502607

CR2E034 (9/96)