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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000018731 (7)

1. Corporation Name

SOUTH FLORIDA ACUTE CARE SERVICES, INC.

Principal Place of Business

2 SOUTH UNIVERSITY DR.
SUITE 110
PLANTATION FL 33324

Mailing Address

2 SOUTH UNIVERSITY DR.
SUITE 110
PLANTATION FL 33324-3305



3. Date Incorporated or Qualified
03/10/1994

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 1185 Oak Street

27 Attn: Legal Department

28 Lakewood, CO

29 Zip

30 Country

4. FEI Number
65-0472145

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

BURRIER, VICTORIA
2 SOUTH UNIVERSITY DR.
SUITE 110
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
E T Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
83
84 City
Plantation
85 Zip Code
FL 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 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

Marcia J. Sunahara

Marcia J. Sunahara, Asst. V.P.

4-17-97

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	SPIRA, LAWRENCE DR.	
STREET ADDRESS	2 SOUTH UNIVERSITY DR., SUITE 110	
CITY - ST - ZIP	PLANTATION FL 33324	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BURRIER, VICTORIA	
STREET ADDRESS	2 SOUTH UNIVERSITY DR., SUITE 110	
CITY - ST - ZIP	PLANTATION FL 33324	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	REISS, SAUL	
STREET ADDRESS	280 S. BEVERLY DR.	
CITY - ST - ZIP	BEVERLY HILLS CA 90212	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lawrence J. Centella	
1.3 STREET ADDRESS	8420 W. Bryn Mawr, #880	
1.4 CITY - ST - ZIP	Chicago, IL 60631	
2.1 TITLE	VP T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Herbert S. Lawson	
2.3 STREET ADDRESS	1185 Oak Street	
2.4 CITY - ST - ZIP	Lakewood, CO 80215	
3.1 TITLE	VP S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ralph Z. Levy, Jr.	
3.3 STREET ADDRESS	1919 Charlotte Avenue	
3.4 CITY - ST - ZIP	Nashville, TN 37203	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Nancy A. Walla	
4.3 STREET ADDRESS	1185 Oak Street	
4.4 CITY - ST - ZIP	Lakewood, CO 80215	
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 type="checkbox"/> 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 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:

Nancy A. Walla Nancy A. Walla, Secretary

18 March 97

(303) 205-2588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Date

Daytime Phone

0284773

CR2E034 (9/96)