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 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076788 (6)

1. Corporation Name
AMISUB (SMHS), INC.

Principal Place of Business
14001 DALLAS PARKWAY
SUITE 200
DALLAS TX 75380

Mailing Address
14001 DALLAS PARKWAY
SUITE 200
DALLAS TX 75380

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1994
3a. Date of Last Report:

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

4. FEI Number: 75-2562986 ☐ 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

PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS ST.
SUITE 104
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	D/SVP/S ☒ Change ☐ Addition
NAME	BAILEY, BARY G	1 2 NAME	Scott M. Brown
STREET ADDRESS	14001 DALLAS PARKWAY, #200	1 3 STREET ADDRESS	2700 Colorado Ave.
CITY ST ZIP	DALLAS TX 75380	1 4 CITY ST ZIP	Santa Monica, Ca 90404
TITLE	D	2 1 TITLE	P ☒ Change ☐ Addition
NAME	MURDOCK, MICHAEL N	2 2 NAME	Michael H. Focht, Sr.
STREET ADDRESS	14001 DALLAS PARKWAY, #200	2 3 STREET ADDRESS	2700 Colorado Ave.
CITY ST ZIP	DALLAS TX 75380	2 4 CITY ST ZIP	Santa Monica, Ca 90404
TITLE	D	3 1 TITLE	EVP ☒ Change ☐ Addition
NAME	SABATINO, THOMAS J JR.	3 2 NAME	Thomas B. Mackey
STREET ADDRESS	14001 DALLAS PARKWAY, #200	3 3 STREET ADDRESS	2700 Colorado Ave.
CITY ST ZIP	DALLAS TX 75380	3 4 CITY ST ZIP	Santa Monica, Ca 90404
TITLE		4 1 TITLE	VP/T ☒ Change ☐ Addition
NAME		4 2 NAME	Terence P. McMullen
STREET ADDRESS		4 3 STREET ADDRESS	2700 Colorado Ave.
CITY ST ZIP		4 4 CITY ST ZIP	Santa Monica, Ca 90404
TITLE		5 1 TITLE	EVP ☒ Change ☐ Addition
NAME		5 2 NAME	W. Randolph Smith
STREET ADDRESS		5 3 STREET ADDRESS	14001 Dallas Parkway, Ste. 200
CITY ST ZIP		5 4 CITY ST ZIP	Dallas, Tx 75240
TITLE		6 1 TITLE	VP/AS ☒ Change ☐ Addition
NAME		6 2 NAME	Thomas J. Sabatino, Jr.
STREET ADDRESS		6 3 STREET ADDRESS	14001 Dallas Parkway, Ste. 200
CITY ST ZIP		6 4 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: Thomas J. Sabatino, Jr. 4/7/95 214/789-2465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002080 CP