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PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000076788**

1. Corporation Name
AMISUB (SMHS), INC.

Principal Place of Business	Mailing Address
3820 STATE STREET **C/O MARY H YUMIBE** **SANTA BARBARA CA 93105** **US**	**3820 STATE STREET** **C/O MARY H YUMIBE** **SANTA BARBARA CA 93105** **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: **10/19/1994**

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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 **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 _____ (NOTE: Registered Agent Signature Required) DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DSVP	[X] DELETE	11 TITLE	DVS	[ ] Change [X] Addition
NAME	BROWN, SCOTT M.		12 NAME	Richard B. Silver	
STREET ADDRESS	3820 STATE STREET		13 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	SANTA BARBARA CA 93105		14 CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	P	[ ] DELETE	21 TITLE		[ ] Change [ ] Addition
NAME	FOCHT, MICHAEL H.		22 NAME		
STREET ADDRESS	3820 STATE STREET		23 STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA CA 93105		24 CITY-ST-ZIP		
TITLE	EVP	[ ] DELETE	31 TITLE		[ ] Change [ ] Addition
NAME	MACKEY, THOMAS B.		32 NAME		
STREET ADDRESS	2011 PALOMAR AIRPORT RD		33 STREET ADDRESS		
CITY-ST-ZIP	CARLSBAD CA 92209		34 CITY-ST-ZIP		
TITLE	VPT	[ ] DELETE	41 TITLE		[ ] Change [ ] Addition
NAME	MCMULLEN, TERENCE		42 NAME		
STREET ADDRESS	3820 STATE STREET		43 STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA CA 93105		44 CITY-ST-ZIP		
TITLE	EVP	[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME	SMITH, W. RANDOLPH		52 NAME		
STREET ADDRESS	3820 STATE STREET		53 STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA CA 93105		54 CITY-ST-ZIP		
TITLE	AS	[X] DELETE	61 TITLE	AS	[ ] Change [X] Addition
NAME	LUNDGREN, ALAN		62 NAME	Caitlin M. Larsen	
STREET ADDRESS	3820 STATE STREET		63 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	SANTA BARBARA CA 93105		64 CITY-ST-ZIP	Santa Barbara, CA 93105	

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14. I 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, with all other like empowered.

SIGNATURE: Caitlin Larsen Caitlin M. Larsen, Asst. Sec. 4/7/98 805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE