

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4: 02

DOCUMENT # P94000083563 (4)

1. Corporation Name

OUTPATIENT PROPERTIES, INC.

Principal Place of Business

**2351 S. SEACREST BLVD.
BOYNTON BEACH FL 33435**

Mailing Address

**2351 S. SEACREST BLVD.
BOYNTON BEACH FL 33435**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/14/1994

4. FEI Number

65-0537170

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

**MENKHAUS, DAVID J
4800 N. FEDERAL HWY
SUITE 210-A
BOCA RATON FL 33431**

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 the officer)

(NOTE: Registered Agent signature required when resigning)

(N/A)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ALALU, JAIME
STREET ADDRESS	18 Hudson Avenue
CITY, ST, ZIP	Ocean Ridge, FL 33435
TITLE	D
NAME	DEGEROME, JAMES H.
STREET ADDRESS	1422 SE Atlantic Drive,
CITY, ST, ZIP	Lantana, FL 33462
TITLE	CD
NAME	DOSCH, MARK R.
STREET ADDRESS	4615 Pine Tree Drive.,
CITY, ST, ZIP	Boynton Beach, FL 33436
TITLE	VRD
NAME	GACH, BARRY N.
STREET ADDRESS	4165 NW 65 Lane,
CITY, ST, ZIP	Boca Raton, FL 33496
TITLE	D
NAME	BROWN, MARK
STREET ADDRESS	3159 NW 59 Street,
CITY, ST, ZIP	Boca Raton, FL 33496
TITLE	STD
NAME	IBANEZ, EDGAR
STREET ADDRESS	4407 Woodfield Blvd.,
CITY, ST, ZIP	Boca Raton, FL 33434

1.1 TITLE	PD	☐ Change ☐ Addition
1.2 NAME	MUELLER, George L.	
1.3 STREET ADDRESS	3180 Polo Drive,	
1.4 CITY, ST, ZIP	Gulfstream FL 33462	
2.1 TITLE	D	☐ Change ☐ Addition
2.2 NAME	LOPEZ-TORRES, AUGUSTO	
2.3 STREET ADDRESS	2623 South Seacrest Blvd.,	
2.4 CITY, ST, ZIP	Boynton Beach, FL 33435	
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 form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this document is 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 this corporation, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changing or new in a statement with an addition.

SIGNATURE:

Edgar Ibanez
SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

Edgar Ibanez
SEC. TREAS.

02-21-95

(407) 732-5100