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FILED
Apr 22 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 # P94000083563

1. Corporation Name
OUTPATIENT PROPERTIES, INC.,

Principal Place of Business
2351 South Seacrest Blvd.,
Boynton Beach, FL 33435

Mailing Address
same

3. Date Incorporated or Qualified: 11-16-1994
3a. Date of Last Report: 03/29/96

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 65-0537170 — 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

Menkhaus, David J. Esq.
4800 North Federal Highway, A-210
Boca Raton, FL 33431

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 ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Alalu, Jaime	1.2 NAME	
STREET ADDRESS	18 Hudson Avenue	1.3 STREET ADDRESS	
CITY-ST-ZIP	Ocean Ridge, FL 33435	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DeGerome, James H.	2.2 NAME	
STREET ADDRESS	1422 SE Atlantic Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Lantana, FL 33462	2.4 CITY-ST-ZIP	
TITLE	CD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Dosch,Mark R.	3.2 NAME	
STREET ADDRESS	4615 Pine Tree Dr.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Boynton Beach, FL 33436	3.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Gach, Barry N.	4.2 NAME	
STREET ADDRESS	4165 NW 65 Lane	4.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33496	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Brown, Mark	5.2 NAME	
STREET ADDRESS	3159 NW 59 Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33496	5.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Ibanez, Edgar	6.2 NAME	800002151508
STREET ADDRESS	4407 Woodfield Blvd.,	6.3 STREET ADDRESS	-04/23/97--01031--025
CITY-ST-ZIP	Boca Raton, FL 33434	6.4 CITY-ST-ZIP	***165.00

BW 4-22-97

CR2E034 (9/96)

14. I (we) 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: Mark R. Dosch 04/17/97 561-732-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #