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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400088683 (5)

T&C AND USF OB/GYN CENTER, INC.

APPROVED AND FILED

96 JAN 29 PM 1:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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	e of Business	Mailing Address				BREEL BOIDT TOTAL HOTE	ALLAN KANDA HINI SABI
SANTA MO	PRADO AVE. NICA CA <b>90404</b>	2700 COLORADO A SANTA MONICA CA					
US		U\$			3. Date Incorporated or Qualified 12/07/1994	3a. Date of Las 04/12/	•
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			75-2569855		Not Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc. [27]			5. Certificate of Status Desired		75 Additional se Required
Oity & Stal <b>23</b>	le:	City & State			Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees
Zφ	Country	Zip	Cou	ntry	8. This corporation has liability for it		rs 199.032,
24	25	29	30		Florida Statutes Yes		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered Agent	
				81 Name C	corporation System		
	TICE-HALL CORPORATION SYSTE	EM INC.		82 Street Addi	ress (P.O. Box Number is Not Acceptabl	e) _	
	HAYS ST.				South Pine Island Ro	ad	
TALLA	HASSEE FL 32301			83			
			ŀ	84 City		- 85	Zip Code
•				Plant	ation		Zip Code <b>33324</b>
<ol> <li>Pursuant ourea str</li> </ol>	to the provisions of Sections 607,050: pred agent, or both, in the State of Flori	2 and 607.1508, Florida Stat ida. Such change was autho	lutes, the abourized by the c	ve-named corpo- corporation's boa	ration submits this statement for the purport of directors. Thereby accept the apport	pose of changing i pintment as registe	ts registered office red agent. I am
familiar v	with, and accord the obligation, it. Sec	tion 607.0505, Florida Statut	tes.		and or an observe the appearance		
SIGNATURE		· /	D. F.	Hickey,	Asst. Secretary	1-26-9	
				Agent signature require	· · · · · · · ·	DATE OFFICIALLE DURE	TODO 11.10
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		ge X Addition
T ILF	DSVP	) L.J DELEIE		i i	Secretary	L) Citati	ge 🚛 Rudillen
NAME	BROWN, SCOTT M.		12 N/		-		
STREET ADDRESS				REET ADDRESS			
CHY-SI-ZP	SANTA MONICA CA	[] DELETE	14 CH 2 1 TH	TY-ST-ZIP			
THE	P			ILF I		[ ] ('han	oo La Addition
NAM.		£.5 · · · · ·		L. II		Chan	ge
	FOCHT, MICHAEL H.	had a see a	2 2 N/			[] Cihan	ge Addition
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4. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(8), Florida Statutes thrusties and 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 earth, that I arm 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:

HONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

(310)998-8427

Daytimo Phone #

CR2E034 (12/95)