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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000088683 (5)

1. Corporation Name

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

Principal Place of Business

2700 COLORADO AVE.
SANTA MONICA CA 90404
US

Mailing Address

2700 COLORADO AVE.
SANTA MONICA CA 90404-3521
US

3. Date Incorporated or Qualified

12/07/1994

3a. Date of Last Report

01/29/1996

4. FEI Number

75-2569855

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

21 3820 State Street

2a. Mailing Address

26 c/o Mary H. Yumibe

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Santa Barbara, CA

City & State

28 Santa Barbara, CA

Zip

24 93105

Country

25 USA

Zip

29 93105

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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

TITLE DSVP ☐ DELETE
NAME BROWN, SCOTT M.
STREET ADDRESS 2700 COLORADO AVE.
CITY-ST-ZIP SANTA MONICA CA

TITLE P ☐ DELETE
NAME FOCHT, MICHAEL H.
STREET ADDRESS 2700 COLORADO AVE.
CITY-ST-ZIP SANTA MONICA CA

TITLE EVP ☐ DELETE
NAME MACKEY, THOMAS B.
STREET ADDRESS 2700 COLORADO AVE.
CITY-ST-ZIP SANTA MONICA CA

TITLE VPT ☐ DELETE
NAME MCMULLEN, TERENCE P.
STREET ADDRESS 2700 COLORADO AVE.
CITY-ST-ZIP SANTA MONICA CA

TITLE EVP ☐ DELETE
NAME SMITH, W. RANDOLPH
STREET ADDRESS 14001 DALLAS PARKWAY STE. 200
CITY-ST-ZIP DALLAS TX 75240

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3820 State Street
1.4 CITY-ST-ZIP Santa Barbara, CA 93105

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3820 State Street
2.4 CITY-ST-ZIP Santa Barbara, CA 93105

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 2011 Palomar Airport Rd.
3.4 CITY-ST-ZIP Carlsbad, CA 92009

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 3820 State Street
4.4 CITY-ST-ZIP Santa Barbara, CA 93105

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 AS
6.3 STREET ADDRESS Alan Lundgren
6.4 CITY-ST-ZIP 3820 State Street
Santa Barbara, CA 93105

14. I do 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:

Alan Lundgren Alan Lundgren, Asst. Sec'y

1/22/97

Date

Daytime Phone #

CR2E034 (9/96)