

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 MAY 22 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000070063 (8)  
1. Corporation Name  
TRANSITIONAL HOSPITALS CORPORATION OF FLORIDA, I  
NC.

Principal Place of Business  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Mailing Address  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified 08/22/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26 5110 W. Sahara Avenue
22 Suite, Apt. #, etc.	27 --
23 City & State	28 Las Vegas, Nevada
24 Zip	29 89102
25 Country	30 USA

C T 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
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D COB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUGHLIN, JAMES R	1.2 NAME	Conte, Richard L.
STREET ADDRESS	5110 WEST SAHARA AVENUE	1.3 STREET ADDRESS	5110 West Sahara Avenue
CITY-ST-ZIP	LAS VEGAS NV 89102	1.4 CITY-ST-ZIP	Las Vegas, NV, 89102
TITLE	D CFO <input type="checkbox"/> DELETE	2.1 TITLE	D CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Simpson, Wendy L.
STREET ADDRESS		2.3 STREET ADDRESS	5110 West Sahara Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Las Vegas, Nevada, 89102
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Kopta, Julia
STREET ADDRESS		3.3 STREET ADDRESS	5110 West Sahara Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Las Vegas, NV, 89102
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Lindheimer, Jack H., M.D.
STREET ADDRESS		4.3 STREET ADDRESS	4519 N. Rosemead Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Rosemead, CA, 91770
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Thomas, Robert L.
STREET ADDRESS		5.3 STREET ADDRESS	1144 Mainsail Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Annapolis, MD, 21403
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Shires, Dana L., Jr., M.D.
STREET ADDRESS		6.3 STREET ADDRESS	2111 Swann Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tampa, FL, 33606

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97 (702) 257-3600

Date Daytime Phone #

CR2E034 (9/96)