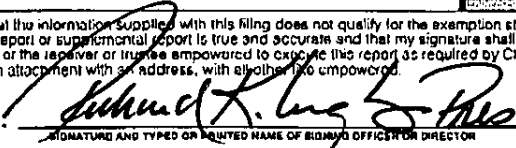


01/04/2005 TUE 23:49 FAX

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90012 002 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000084822		
1. Entity Name OAKRIDGE OUTPATIENT CENTER, INC.		
Principal Place of Business 1000 NORTHEAST 56TH STREET FORT LAUDERDALE, FL 33334	Mailing Address 1000 NORTHEAST 56TH STREET FORT LAUDERDALE, FL 33334	40006899 
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		DO NOT WRITE IN THIS SPACE
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD INGLIS, RICHARD K ESQ 2455 SUNRISE BLVD., STE 320 FORT LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1/4/05 Deletion Place: 954 565-1977