

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000000629

FILED
Apr 29, 2016
Secretary of State
CC6749710089

Entity Name: OUTPATIENT SERVICES FL, INC.

Current Principal Place of Business:

5000 E. SPRING STREET, SUITE 650
LONG BEACH, CA 90815

Current Mailing Address:

5000 E. SPRING STREET, SUITE 650
LONG BEACH, CA 90815

FEI Number: 32-0459596

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SACK, DAVID
Address 5000 E. SPRING STREET, SUITE 650
City-State-Zip: LONG BEACH CA 90815

Title DIRECTOR
Name MAHAN, ROB
Address 5000 E. SPRING STREET, SUITE 650
City-State-Zip: LONG BEACH CA 90815

Title CHIEF ACCOUNTING OFFICER
Name POAN, NICK
Address 5000 E. SPRING STREET, SUITE 650
City-State-Zip: LONG BEACH CA 90815

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NICK POAN

CAO

04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date