

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000000629

**FILED  
Apr 26, 2017  
Secretary of State  
CC8368821873**

**Entity Name:** OUTPATIENT SERVICES FL, INC.

**Current Principal Place of Business:**

5000 AIRPORT PLAZA DRIVE  
SUITE 100  
LONG BEACH, CA 90815

**Current Mailing Address:**

5000 AIRPORT PLAZA DRIVE  
SUITE 100  
LONG BEACH, CA 90815 US

**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 CHIEF MEDICAL OFFICER  
Name SACK, DAVID DR.  
Address 5000 AIRPORT PLAZA DRIVE  
SUITE 100  
City-State-Zip: LONG BEACH CA 90815

Title CFO  
Name POAN, NICHOLAS  
Address 5000 AIRPORT PLAZA DRIVE  
SUITE 100  
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:** NICHOLAS POAN

CFO

04/26/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date