

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 10:24

DOCUMENT # **H71675** (3)

1. Corporation Name
TAMPA BAY HEALTH ENTERPRISES, INC.

Principal Place of Business Mailing Address
14001 DALLAS PARKWAY SUITE 200 DALLAS X 75240 US **14001 DALLAS PARKWAY SUITE 200 DALLAS TX 75240 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 **2700 Colorado Ave.** 26 **2700 Colorado Ave.**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State
Santa Monica, Ca **Santa Monica, Ca**

24 Zip 25 Country 29 Zip 30 Country
90404 USA **90404 USA**

3. Date Incorporated or Qualified **08/16/1985** 3a. Date of Last Report **02/11/1994**

4. FEI Number **95-4077216** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 the corporation

(NOTE: Registered Agent signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPAS
NAME	SMITH, W. R
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200
CITY ST ZIP	DALLAS TX
TITLE	AT
NAME	ABDUL, EDWARD W, JR
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200
CITY ST ZIP	DALLAS TX
TITLE	TD
NAME	MURDOCK, MICHAEL N.
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200
CITY ST ZIP	DALLAS TX
TITLE	VAS
NAME	BARRETT, WILLIAM A
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200
CITY ST ZIP	DALLAS TX
TITLE	P
NAME	ROWE, GARY
STREET ADDRESS	14001 DALLAS PARKWAY, SUITE 200
CITY ST ZIP	DALLAS TX
TITLE	AS
NAME	GLICK, MARCIA R
STREET ADDRESS	14001 DALLAS PARKWAY, SUITE 200
CITY ST ZIP	DALLAS TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D/SVP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Scott M. Brown	
3. STREET ADDRESS	2700 Colorado Ave.	
4. CITY ST ZIP	Santa Monica, Ca 90404	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael H. Focht, Sr.	
2.3 STREET ADDRESS	2700 Colorado Ave.	
2.4 CITY ST ZIP	Santa Monica, Ca 90404	
3.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Thomas B. Mackey	
3.3 STREET ADDRESS	2700 Colorado Ave.	
3.4 CITY ST ZIP	Santa Monica, Ca 90404	
4.1 TITLE	VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Terence P. McMullen	
4.3 STREET ADDRESS	2700 Colorado Ave.	
4.4 CITY ST ZIP	Santa Monica, Ca 90404	
5.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	W. Randolph Smith	
5.3 STREET ADDRESS	14001 Dallas Parkway, Ste. 200	
5.4 CITY ST ZIP	Dallas, Tx 75240	
6.1 TITLE	VP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Thomas J. Sabatino, Jr.	
6.3 STREET ADDRESS	14001 Dallas Parkway, Ste. 200	
6.4 CITY ST ZIP	Dallas, Tx 75240	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this report, or as an attachment with an address.

SIGNATURE:

Thomas J. Sabatino, Jr.

Thomas J. Sabatino, Jr. 4/1/95 214/789-2465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number