


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90056 023 \*\*\*\*70.00

|  |                           |  |   |  |   |
|--|---------------------------|--|---|--|---|
| <b>DOCUMENT # 755952</b>   |                           |  |   |         |   |
| 1. Entity Name<br>MEMORIAL FOUNDATION, INC.  |                           |  |   |  |   |
| Principal Place of Business<br>3435 JOHNSON STREET<br>HOLLYWOOD, FL 33021 US   |                           |  | Mailing Address<br>3435 JOHNSON STREET<br>HOLLYWOOD, FL 33021 US  |  |   |
| 2. Principal Place of Business   |                           | 3. Mailing Address   |   |  |   |
| Suite, Apt. #, etc.  |                           | Suite, Apt. #, etc.  |   |  |   |
| City & State   |                           | City & State   |   |  |   |
| Zip  | Country                   | Zip  | Country   | 4. FEI Number<br>59-2082218  |   |
|  |                           |  |   | Applied For<br>Not Applicable  |   |
|  |                           |  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |   |
| 6. Name and Address of Current Registered Agent  |                           |  | 7. Name and Address of New Registered Agent   |  |   |
| MARKS, LYNN C<br>3435 JOHNSON STREET<br>HOLLYWOOD, FL 33021  |                           |  | Name <i>Lynn Croneberger Marks</i><br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |   |
| 8. 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.  |                           |  |   |  |   |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                           |  |   |  |   |
| <b>Filing Fee is \$61.25 Due by May 1, 2005</b>  |                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees  |   |
|  |                           |  |   | <b>Make check payable to Florida Department of State</b>                                 |   |
| 10. OFFICERS AND DIRECTORS   |                           |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |   |
| TITLE  | CD                        | <input type="checkbox"/> Delete  | TITLE   | SECRETARY  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | BIRKEN, GARY MD           |  | NAME  | JP Ottino  |   |
| STREET ADDRESS   | 3435 JOHNSON STREET       |  | STREET ADDRESS  | 3015 N Ocean Blvd., #115   |   |
| CITY-ST-ZIP  | HOLLYWOOD, FL 33021       |  | CITY-ST-ZIP   | Fort Lauderdale, FL 33308  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE  | VCD                       | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | SCHUSTER, CARL ESQ        |  | NAME  |  |   |
| STREET ADDRESS   | 200 E BROWARD BLVD.       |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP  | FORT LAUDERDALE, FL 33301 |  | CITY-ST-ZIP   |  |   |
| TITLE  | VCD                       | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | FERNANDEZ, ALBERTO E SR   |  | NAME  |  |   |
| STREET ADDRESS   | 6051 N. OCEAN DR. #1105   |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP  | HOLLYWOOD, FL 33019       |  | CITY-ST-ZIP   |  |   |
| TITLE  | ST                        | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | DUCANIS, JOSEPH T ESQ     |  | NAME  |  |   |
| STREET ADDRESS   | 200 E BROWARD BLVD        |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP  | FORT LAUDERDALE, FL 33301 |  | CITY-ST-ZIP   |  |   |
| TITLE  | ED                        | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | MARKS, LYNN C             |  | NAME  |  |   |
| STREET ADDRESS   | 3435 JOHNSON STREET       |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP  | HOLLYWOOD, FL 33021       |  | CITY-ST-ZIP   |  |   |
| TITLE  | D                         | <input checked="" type="checkbox"/> Delete                                       | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | BROOKS, COLLEEN           |  | NAME  |  |   |
| STREET ADDRESS   | 20801 BISCAYNE BLVS #202  |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP  | AVENTURA, FL 331801424    |  | 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 reports 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 617, 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: <i>[Signature]</i>  |                           |  | Date: <i>2/2/05</i>   |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                           |  | Daytime Phone #   |  |   |

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