2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755952

Entity Name: MEMORIAL FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3435 JOHNSON STREET HOLLYWOOD, FL 33021 US

Current Mailing Address: New Mailing Address:

US

3435 JOHNSON STREET HOLLYWOOD, FL 33021

FEI Number: 59-2082218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRONEBERGER, LYNN M EACHUS, DONALD 3435 JOHNSON STREET 3435 JOHNSON STREET US US HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021

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: EACHUS, DONALD 01/04/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

3435 JOHNSON STREET

HOLLYWOOD, FL 33021

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED Jan 04, 2007

Secretary of State

() Delete () Change () Addition BIRKEN, GARY MD Name: Name: 3435 JOHNSON STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: VCD Title: () Delete () Change () Addition SCHUSTER, CARL ESQ Name: Name: Address: 3435 JOHNSON STREET Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: VCD () Delete Title: () Change () Addition FERNANDEZ, ALBERTO E Name: Name: 3435 JOHNSON STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: TD Title: TD (X) Change () Addition () Delete Name: DUCANIS, JOSEPH T ESQ Name: SCHWARTZ, BRIAN 3435 JOHNSON STREET Address: Address: 3435 JOHNSON STREET City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021 Title: () Delete Title: (X) Change () Addition CRONEBERGER, LYNN M EACHUS, DONALD Name: Name: 3435 JOHNSON STREET 3435 JOHNSON STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021 Title: () Delete Title: (X) Change () Addition HUROWITZ, SUSANNE OTTINO, JP Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

3435 JOHNSON STREET

HOLLYWOOD, FL 33021

SIGNATURE: EACHUS, DONALD **IED** 01/04/2007