

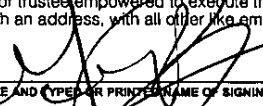


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90023 032 \*\*\*\*70.00

<b>DOCUMENT # 755952</b>			
1. Entity Name <b>MEMORIAL FOUNDATION, INC.</b>			
Principal Place of Business <b>3435 JOHNSON STREET HOLLYWOOD, FL 33021 US</b>		Mailing Address <b>3435 JOHNSON STREET HOLLYWOOD, FL 33021 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number <b>59-2082218</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EACHUS, DONALD 3435 JOHNSON STREET HOLLYWOOD, FL 33021		Name <b>Kevin R. Janser</b> Street Address (P.O. Box Number is Not Acceptable) <b>3435 Johnson St.</b> City <b>Hollywood</b> FL Zip Code <b>33021</b>	
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 <b>1/17/08</b>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when registering) <b>Kevin R. Janser/Vice-President &amp; Executive Director</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BIRKEN, GARY MD 3435 JOHNSON STREET HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Immediate Past Chair</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD SCHUSTER, CARL ESQ 3435 JOHNSON STREET HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD FERNANDEZ, ALBERTO E 3435 JOHNSON STREET HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2nd Vice Chair</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHWARTZ, BRIAN 3435 JOHNSON STREET HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	IED EACHUS, DONALD 3435 JOHNSON STREET HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary Mitchell Eisenberg, M.D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3435 Johnson St.</b> <b>Hollywood, FL 33021</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HUROWITZ, SUSANNE 3435 JOHNSON STREET HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1st Vice Chair</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date <b>2/4/08</b> Daytime Phone # <b>954-985-3454</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			