

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

0554989

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED FOR FILING

93-35634-01 9:03

**DOCUMENT # 853634**

1. Corporation Name  
**EASTERN PROFESSIONAL PROPERTIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**3820 STATE STREET SANTA BARBARA CA 93105 US**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country

3. Date Incorporated or Qualified **08/02/1982**  
4. FEI Number **93-3565201** 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  
7. This corporation owes the current year Intangible Personal Property Tax  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. Thereby 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 filer (Date) (NOTE: Registered Agent must sign with authority.)

12. OFFICERS AND DIRECTORS

TITLE	DSVP	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, SCOTT M.	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FOCHT, MICHAEL H	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	MACKEY, THOMAS B	
STREET ADDRESS	2011 POLOMAR AIRPORT RD.	
CITY-ST-ZIP	CARLSBAD CA 92009	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	MCMULLEN, TERENCE P.	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	SMITH W. RANDOLPH	
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200	
CITY-ST-ZIP	DALLAS TX	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	LUNDGREN, ALAN	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Richard B. Silver	
13 STREET ADDRESS	3820 State Street	
14 CITY-ST-ZIP	Santa Barbara, CA 93105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	Gregory Burfitt	
22 NAME	2010 Brookwood Medical Center Dr.	
23 STREET ADDRESS	Birmingham, AL 35209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 CITY-ST-ZIP		
31 TITLE		
32 NAME	500002848405-8	
33 STREET ADDRESS	-04/22/99--01118-018	
34 CITY-ST-ZIP	****150.00 ****150.00	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Caitlin M. Larsen	
63 STREET ADDRESS	3820 State Street	
64 CITY-ST-ZIP	Santa Barbara, CA 93105	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Caitlin M. Larsen* Caitlin M. Larsen, Asst. Sec. 4/8/99 805/563-7075

CR2E034 (11/98)