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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

845271

LIFEMARK HOSPITALS, INC.

1997 APR 29 PM 4: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED

								•	
Prencipal (Place of Business	Mailing Address c/o MaryYumibe 3820 State Street Santa Barbara, CA 93105				 			
	State Street Barbara, CA 93105								
	• • • • • • • • • • • • • • • • • • • •				3105	3. Date Incorporated or Qualified 1/18/80		f Last Report 996	
2. Pr 90g.	ral Pier c of Business	2a. Mailing Address				4. FEI Number	4	Applied For	
21		26				74-1892982		Not Applicable	
Strite: 7	Aget म eto	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required			
City &	Mab:	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Z ₁ ;1	Country 25	Zip 29	—,			8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes \(\sum_2 \) No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
0	m			81	Name				
C T Corporation System 1200 S. Pine Island Road			82	2 Street Address (P.O. Box Number is Not Acceptable)					
1			83						
P.I	lantation, FL 33324				3				
				84	City		FL®	5 Zip Code	
		100-1500 C							

11. Pursuar t 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Stop intime, tyre other printed name, of registered agent and title if applicable (NOTL)	Registered Agent signature required v	when reinstating) DATE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
T THE	P DELETE	1.1 TITLE		Change Addition
NAMI	Michael H. Focht, Sr.	1.2 NAME 東京時间報報	900002156	38398
STREET AHORESS	3820 State Street	1.3 STREET ADDRESS	-04/29/97	-01089013
CITY - S1 - Z/2	Santa Barbara, CA 93105	1.4 CITY-STAZIP	abstract CF OF) ****165.00
THLE	EVP/CFO DELETE	21 TITLE		Change Addition
NAMs	Trevor Fetter	2.2 NAME		
STREET ADDRESS	3820 State Street	2.3 STREET ADDRESS		
CHY \$1-7IF	Santa Barbara, CA 93105	2 4 CITY - ST - ZIP		
TITLE	SVP/S/D DELETE	31 TITLE		Change Addition
NAM!	Scott M. Brown	3.2 NAME	•	
STHEET ADDRESS	3820 State Street	3 3 STREET ADDRESS		
CULT ST ZIF	Santa State Streat 93105	34 CITY-ST-ZIP		
TSSTE	V/T DELETE	4.1 TITLE		Change Addition
NAME	Terence P. McMullen	4. 2 NAME		
515g § LADORESS	38200State Street	4.3 STREET ADDRESS		
COY 51 74	Santa Barbara, CA 93105	4.4 CITY-ST-2IP		
T ISE	AS DELETE	5.1 TITLE		Change Addition
NAMI	Alan Lundgren	5.2 NAME		
518FL17.6 (D0ESS	3820 State Street	5.3 STREET ADDRESS		
CONTIST OF	Santa Barbara, CA 93105	5.4 CITY-ST - ZiP		
18.5	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAM ⁶		6.2 NAME		. ALSY 10 (1)
STREET ARE (+15)		6.3 STREET ADDRESS		1, W.
Of 6 78		64 CITY-ST-ZIP		W

14. Los tercoy certily 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 reducated 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 eath, that have 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Scott M. Brown, Secretary

4/24/97

805/563-7075

SCOTT M. Brown

Daytime Phone #