

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # 845271 1. Entity Name LIFEMARK HOSPITALS, INC.			
Principal Place of Business % MARY YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105 US		Mailing Address % MARY YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105-3112 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 74-1892982		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOCHT, MICHAEL H SR. 3820 STATE STREET SANTA BARBARA CA 93105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Thomas B. Mackey 3820 State Street Santa Barbara, CA 93105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP FETTER, TREVOR 3820 STATE STREET SANTA BARBARA CA 93105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lawrence G. Hixon 3820 State Street Santa Barbara, CA 93105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SILVER, RICHARD B 3820 STATE STREET SANTA BARBARA CA 93105	700003264537--9 -05/24/00--01010--007 ***150.00 ***150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCMULLEN, TERENCE P 3820 STATE STREET SANTA BARBARA CA 93105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Dennis L. Dent 3820 State Street Santa Barbara, CA 93105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LARSEN, CAITLIN M 3820 STATE STREET SANTA BARBARA CA 93105	Signature:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FETTER, TREVOR 3820 STATE STREET SANTA BARBARA CA 93105	Signature:	
13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Date 4/10/00 Daytime Phone # 805/563-7075	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Caitlin M. Larsen, Asst. Secretary