

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 845271

1. Entity Name
LIFEMARK HOSPITALS, INC.

FILED

02 APR 12 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-1892982

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

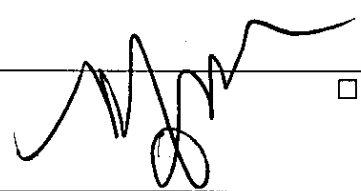
TITLE P ☐ Delete
NAME JENNINGS, REYNOLD J
STREET ADDRESS 3350 RIVERWOOD PARKWAY., STE 1800
CITY-ST-ZIP ATLANTA GA 30339

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 500005463025--1
CITY-ST-ZIP -05/06/02--01033--014

TITLE VP ☐ Delete
NAME HIXON, LAWRENCE G
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ***150.00
CITY-ST-ZIP ***150.00

TITLE DVS ☐ Delete
NAME SILVER, RICHARD B
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 
CITY-ST-ZIP

TITLE T ☐ Delete
NAME DENT, DENNIS L
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME LARSEN, CAITLIN M
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 
CITY-ST-ZIP

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caitlin M. Larsen, Asst. Sec.

3/19/02

805/563-7075

Date

Daytime Phone #

05/12/02 AV CR2E034