


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 845271 1. Entity Name LIFEMARK HOSPITALS, INC.																																								
Principal Place of Business 13737 NOEL RD STE 100 DALLAS, TX 75240 US			Mailing Address 13737 NOEL RD STE 100 DALLAS, TX 75240 US																																					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																					
City & State Zip Country			City & State Zip Country																																					
4. FEI Number 74-1892982				<input type="checkbox"/> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr> <td>P</td> <td>JENNINGS, REYNOLD J</td> <td>13737 NOEL RD, SUITE 100</td> <td>DALLAS, TX 75240</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SD</td> <td>LARSEN, CAITLIN M</td> <td>13737 NOEL RD, SUITE 100</td> <td>DALLAS, TX 75240</td> <td><input type="checkbox"/></td> </tr> <tr> <td>T</td> <td>SHERMAN, JEFFREY S</td> <td>13737 NOEL RD, SUITE 100</td> <td>DALLAS, TX 75240</td> <td><input type="checkbox"/></td> </tr> <tr> <td>AS</td> <td>MACK, KRISTINA A</td> <td>13737 NOEL RD, SUITE 100</td> <td>DALLAS, TX 75240</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	P	JENNINGS, REYNOLD J	13737 NOEL RD, SUITE 100	DALLAS, TX 75240	<input type="checkbox"/>	SD	LARSEN, CAITLIN M	13737 NOEL RD, SUITE 100	DALLAS, TX 75240	<input type="checkbox"/>	T	SHERMAN, JEFFREY S	13737 NOEL RD, SUITE 100	DALLAS, TX 75240	<input type="checkbox"/>	AS	MACK, KRISTINA A	13737 NOEL RD, SUITE 100	DALLAS, TX 75240	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



1122007 Chg-P CR2E034 (12/06)

4. FEI Number
74-1892982

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

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. I am familiar with, and accept the obligations of registered agent.

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Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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