

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 845271

FILED
Mar 27, 2009
Secretary of State**Entity Name:** LIFEMARK HOSPITALS, INC.**Current Principal Place of Business:**13737 NOEL RD
STE 100
DALLAS, TX 75240 US**New Principal Place of Business:****Current Mailing Address:**13737 NOEL RD
STE 100
DALLAS, TX 75240 US**New Mailing Address:****FEI Number:** 74-1892982**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEWMAN, STEPHEN MD
Address: 13737 NOEL RD STE 100
City-St-Zip: DALLAS, TX 75240

Title: T () Delete
Name: SHERMAN, JEFFREY
Address: 13737 NOEL RD, SUITE 100
City-St-Zip: DALLAS, TX 75240 US

Title: T () Delete
Name: MACK, KRISTINA
Address: 13737 NOEL RD, SUITE 100
City-St-Zip: DALLAS, TX 75240 US

Title: D (X) Delete
Name: MACK, KRISTINA
Address: 13737 NOEL RD, SUITE 100
City-St-Zip: DALLAS, TX 75240 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MACK, KRISTINA A
Address: 13737 NOEL RD, SUITE 100
City-St-Zip: DALLAS, TX 75240 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTINA A. MACK

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03/27/2009

Electronic Signature of Signing Officer or Director

Date