

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006270

1. Entity Name MEMORIAL TAMPA CORPORATION

Principal Place of Business 700 N. Brand Blvd., #300 Glendale, CA 91203
Mailing Address 700 N. Brand Blvd., #300 Glendale, CA 91203

2. Principal Place of Business 700 N. Brand Blvd.
3. Mailing Address 700 N. Brand Blvd.

Suite, Apt. #, etc. Suite 300

City & State Glendale, CA

Zip 91203 Country USA

4. FEI Number 95-4507193

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hayes St.
Tallahassee, FL 32301

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 _____ (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, 2000 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

TITLE PDC
NAME Iezman, Stanley
STREET ADDRESS 700 N. Brand Blvd., #300
CITY - ST - ZIP Glendale, CA 91203 ☐ Delete

TITLE VDC
NAME McKenna, James
STREET ADDRESS 700 N. Brand Blvd., #300
CITY - ST - ZIP Glendale, CA 91203 ☐ Delete

TITLE SDVP
NAME Darling, Scott
STREET ADDRESS 700 N. Brand Blvd., #300
CITY - ST - ZIP Glendale, CA 91203 ☐ Delete

TITLE T
NAME Iezman, Stanley
STREET ADDRESS 700 N. Brand Blvd., #300
CITY - ST - ZIP Glendale, CA 91203 ☐ Delete

TITLE SRVP
NAME Sowell, Randy
STREET ADDRESS 700 N. Brand Blvd., #300
CITY - ST - ZIP Glendale, CA 91203 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
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: Scott Darling, Scott Darling, VP/Scty 4/11/00 (818) 545-3762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 234

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90084 041 ***150.00

30070403

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)