


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN -9 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006270	
1. Entity Name MEMORIAL TAMPA CORPORATION	

Principal Place of Business 700 N. BRAND BLVD. SUITE 300 GLENDALE, CA 91203 US	Mailing Address 700 N. BRAND BLVD. SUITE 300 GLENDALE, CA 91203 US
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2. Principal Place of Business 801 N. Brand Blvd. Suite, Apt. #, etc. Suite 800 City & State Glendale, CA Zip 91203 Country US	3. Mailing Address Suite, Apt. #, etc. City & State City & State Zip Country
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01062004 Chg-P CR2E034 (10/03)

4. FEI Number 95-4507193	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800028004038 02/02/04--01031--016 **158.75 City FL Zip Code
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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.

**Cynthia L. Harris**  
as its agent

SIGNATURE Cynthia L. Harris DATE 1/9/04

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC IEZMAN, STANLEY L 700 N. BRAND BLVD., STE. 300 GLENDALE, CA 91203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 N. Brand Blvd., Suite 800
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVP DARLING, SCOTT 700 N. BRAND BLVD., STE. 300 GLENDALE, CA 91203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 N. Brand Blvd., Suite 800
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IEZMAN, STANLEY L 700 N. BRAND BLVD., STE. 300 GLENDALE, CA 91203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 N. Brand Blvd., Suite 800
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Darling DATE 1/7/04 (818) 545-1152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Scott Darling, Vice President/Secretary**