## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F94000006270

1. Entity Name MEMORIAL TAMPA CORPORATION



Principal Place of Business

801 N. BRAND BLVD., STE. 800 GLENDALE, CA 91203 US

Mailing Address

801 N. BRAND BLVD., STE. 800 GLENDALE, CA 91203 US

## **FILED** Feb 07, 2005 8:00 am **Secretary of State**

02-07-2005 90049 048 \*\*\*150.00

40013228



01202005

No Chg-P

CR2E034 (10/03)

4.	FEI Number
	95-4507193

Applied For Not Applicable

\$8.75 Additional Fee Required

6.	Name and	Address	of Current	Registered	Agent

DO NOT WRITE IN THIS SPACE

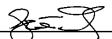
1201 HAY	S STREET SSEE, FL 32301				THIS SPACE	-1
the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its regis	stered office or	registered agent, or b	ooth, in the State of Florida. I am familiar w	ith, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and life	if applicable. (NOTE: Regi	stered Agent signatu	re required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign F     Trust Fund Contributi	~ —	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			Participation of the second	
TITLE Name Street address City-St-Zip	PDC IEZMAN, STANLEY L 801 N. BRAND BLVD., STE. 800 GLENDALE, CA 91203			*		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVP DARLING, SCOTT 801 N. BRAND BLVD., STE. 800 GLENDALE, CA 91203					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	

12. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

> Scott Darling, Vice Presiden SIGNATURE AND TYPED OR PRINTED



## **ATTACHMENT**

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			STEEL VIEW				
				01202005	No Chg-P	CR2E034 (	10/03)
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ing to him.	6. Name and Address of Current Re			5. Certificate o	of Status Desired		Required
		gistered Agent					
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TALLAHAS	SSEE, FL 32301			INT	HIS SP	ACE	
8. The above	named entity submits this statement for thions of registered agent.	e purpose of changing its registere	ed office or register	ed agent, or both	n, in the State of Flor	ida. I am famil	iar with, and accept
	ions or registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registere				DATE	···· · · · · · · · · · · · · · · · · ·
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SIGNATURE: \_

Scott Darling, Vice President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

