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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F96000004437 (7) DOCUMENT #

ORNDA HOSPITAL CORPORATION

Principal Place of Business Mailing Addrage

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SECRETARY OF STATE



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|--|---|---|-----------|--|--|--|---|
| 3820   | IARY YUMIBE<br>) state street<br>Ita Barbara ca 83105 | % Mary Yumibe<br>3820 State Street<br>Santa Barbara Ca 831 <i>0</i> 5 |           |  | DO NOT WRITE IN THIS SPACE                   |  |   |
|  |   |   |           |  |  | 3. Date Incorporated or Qualified<br>08/28/1996  |   |
| 2. Pr  | rincipal Place of Business                            | 2a. Mailing Address   |           |  |  | 4. FEI Number Applied For  |   |
| 21   |   | 26  |           |  |  | 95-3789009 Not Applicable  | e |
| \$1<br><b>22</b>                             | uite, Apt. #, etc.                                    | Suite, Apt. #, etc.   |           |  |  | 5. Certificate of Status Desired S8.75 Additional Fee Required   |   |
| Ci   | ity & State   | City & State  |           |  | 6. Election Campaign Financing \$5.00 May Be |  |   |
| 23   |   | 28  |           |  |  | Trust Fund Contribution Added to Fees  |   |
| Zi <sub>i</sub><br>24                        | 25  | Zip Coi<br>29 30  |           | try  |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No |   |
| Name and Address of Current Registered Agent |   |   |           | 10. Name and Address of New Registered Agent |  |  |   |
|  | C T CORPORATION SYSTEM                                |   | ٤         | 31   | Name   |  |   |
|  | 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324       |   | 8         | 32   | Street Addre                                 | ess (P.O. Box Number is Not Acceptable)  |   |
|  |   |   | 1         | 33   |  |  | ٦ |
|  | _   |   | 6         | 34   | City   | FL 85 Zip Code   |   |
| 11. F  | Pursuant to the provisions of Sections 607 0502       | and 607.1508, Florida Statutes  | , the abo | ove-   | named corpo                                  | oration submits this statement for the purpose of changing its registered                                      | П |

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change TITLE 1.1 TITLE FOCHT, MICHAEL H SR. NAME 1.2 NAME **500002448665**—-03/05/98--01114--015 3820 STATE STREET STREET ADDRESS 1.3 STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP 1.4 CITY-ST-ZIP \*\*\*\*150.00 DELETE 2.1 TITLE TITLE FETTER, TREVOR 2.2 NAME 3820 STATE STREET STREET ADDRESS 2.3 STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change BROWN, SCOTT M NAME 3.2 NAME 3820 STATE STREET STREET ADDRESS 3.3 STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-Z 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TOLE MCMULLEN, TERENCE P 4. 2 NAME 3820 STATE STREET STREET ADDLESS 4.3 STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE LUNDGREN, ALAN NAME 5.2 NAME **3820 STATE STREET** STREET ADDRESS 5.3 STREET ADDRESS SANTA BARBARA CA 93105 5.4 CITY-ST-ZIP CITY-ST-ZIP CF0 DELETE Change Addition TITLE 6.1 TITLE FETTER, TREVOR NAME 6.2 NAME **3820 STATE STREET** 6.3 STREET ADDRESS STREET ADDRESS SANTA BARBARA CA 93105

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Alan Tundaran

2/26/08

805/563\_7075