2005 FØR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P01000014286 HOLLYWOOD MEDICAL CENTER, INC. Principal Place of Business Mailing Address 3820 STATE ST 3820 STATE ST SANTA BARBARA, CA 93105 SANTA BARBARA, CA 93105 2. Principal Place of Business 3. Mailing Address 13737 Noel Road 13737 Noel Road Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 Chg-P CR2E034 (10/03) Suite 100 Suite 100 Applied For City & State City & State 4. FEI Number Dallas, TX Dallás, TX 75-2922705 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 75240 USA 75240 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD PLANTATION, FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. รก TITLE ☐ Delete TITLE ☐ Change NAME LARSEN, CAITLIN M NAME 300054206633 STREET ADDRESS 3820 STATE ST STREET ADDRESS 05/10/05--01043--009 **150.00 CITY-ST-ZIP SANTA BARBARA, CA 93105 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MELBY, LARRY M NAME NAME STREET ADDRESS 3600 WASHINGTON STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition HIXON, LAWRENCE NAME NAME STREET ADDRESS 3820 STATE STREET STREET ADDRESS CITY-ST-ZIP SANTA BARBARA, CA 93105 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DENT, DENNIS L NAME 3820 STATE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANTA BARBARA, CA 93105 CITY-ST-ZIP TITLE AS ☐ Delete TITI F ☐ Change ☐ Addition NAME MACK, KRISTINA A NAME STREET ADDRESS 3820 STATE STREET STREET ADDRESS CITY-ST-7IP SANTA BARBARA, CA 93105 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. Kristina A. Mack, Asst. Secretary SIGNATURE: 3/10/05 805-563-7000 Daytime Phone €