2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P01000014286 1. Entity Name HOLLYWOOD MEDICAL CENTER, INC. 2008 FEB 27 AM II: 51 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE.FLORIDA 13737 NOEL ROAD 13737 NOEL ROAD **STE 100** STE 100 DALLAS, TX 75240 DALLAS, TX 75240 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 75-2922705 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 11. SD TITLE ☐ Delete TITLE [] Change ☐ Addition LARSEN, CAITLIN M NAME NAME 200119548882 03/06/08--01015--013 **150.00 STREET ADDRESS 13737 NOEL ROAD, SUITE 100 STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75240 CITY-ST-ZIP TITLE Delete TITLE x Change **President** ■ Addition MELBY, LARRY M NAME NAME Ralph Aleman STREET ADDRESS 3600 WASHINGTON STREET STREET ADDRESS 500 W Cypress Creek Rd CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP Ft Lauderdale FL 33309 TITLE ☐ Delete TITLE [] Change ☐ Addition SHERMAN, JEFFREY S NAME NAME STREET ADDRESS 13737 NOEL ROAD, SUITE 100 STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75240 CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition MACK, KRISTINA A NAME NAME STREET ADDRESS 13737 NOEL ROAD, SUITE 100 STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75240 CITY-ST-ZIP TITLE TITLE ☐ Delete [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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. 1/14/08 - 469-893-2701 Assistant Secretary

Date

Dayline Phone #