

1.) CORPORATION NAME:

CITY OF HOPE NATIONAL MEDICAL CENTER

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1039181**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1055 WILSHIRE BLVD 12TH FLOOR

CITY/ST/ZIP: LOS ANGELES, CA 90017

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MICHAEL A FRIEDMAN, MD TITLE: CEO ADDRESS: 1500 E DUARTE ROAD CITY/ST/ZIP/CO: DUARTE, CA 91010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KATHLEEN KANE TITLE: ASST SECRETARY ADDRESS: 1055 WILSHIRE BLVD 12TH FLOOR CITY/ST/ZIP/CO: LOS ANGELES, CA 90017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PAUL BLODGETT TITLE: ASST SECRETARY ADDRESS: 1055 WILSHIRE BLVD 12TH FL CITY/ST/ZIP/CO: LOS ANGELES, CA 91010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RICHARD MAGNUSON TITLE: TREASURER ADDRESS: 1500 EAST DUARTE ROAD CITY/ST/ZIP/CO: DUARTE, CA 91010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT STONE TITLE: PRESIDENT ADDRESS: 1500 EAST DUARTE ROAD CITY/ST/ZIP/CO: DUARTE, CA 91010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WAEEL FAKHRY TITLE: ASST TREASURER ADDRESS: 1500 EAST DUARTE ROAD CITY/ST/ZIP/CO: DUARTE, CA 91010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY SCHETINA SECRETARY 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM SARGEANT ASST SECRETARY 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERI J BILLER DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NORMAN C PAYSON DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY R PEETS DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEXANDER L CAPPELLO DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY E SCOTT DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	L DALE CRANDALL DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDDY W HARTENSTEIN DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARRY LEVITT DIRECTOR 1500 EAST DUARTE DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JODY HOROWITZ MARSH DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN M BOUSHY DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL E KEANE DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDOLPH P BEATTY DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT A COOK DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RODNEY C FREEDMAN DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD J SILVERMAN DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SELWYN ISAKOW DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STANLEY E WASHINGTON DIRECTOR 1500 EAST DUARTE ROAD DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM C SCOTT DIRECTOR 1500 EAST DUARTE DUARTE, CA 91010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ KATHLEEN KANE</u>	<u>KATHLEEN KANE, ASST</u>	<u>4/26/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.