

**SCHEDULES TO
ASSET PURCHASE AGREEMENT**

*** * * * ***

UNIVERSAL HEALTH SERVICES, INC. (Buyer)

AND

**VISTA HOSPITAL SYSTEMS, INC. and
FRENCH HOSPITAL MEDICAL CENTER (Seller)**

Dated: April 3, 2003

VOLUME III

SCHEDULES 5.4 THROUGH 13.4

SCHEDULE 5.4

LIENS ON TRANSFERRED ASSETS

Jurisdiction	UCCs	Pending Suits and Judgments (State and Federal Court)	Tax Liens (including EPA and ERISA Liens)	Bankruptcy
Arroyo Grande Community Hospital				
San Luis Obispo County, California	None	24 (See attached listing)	None	None
California Secretary of State	5; 2 expired (See descriptions following)	One (Federal Litigation, searched as Defendant) File # 86 CV 7101 Filed 10/31/86 CA Hospital Association, et al v. PCC, et al Nature: RICO Act	None	
Corona Regional Medical Center				
Riverside County, California	None	None	None	One: Corona Regional Medical Group Filed 12/15/1998 File # 98-34623
California Secretary of State	18; 5 expired (See descriptions following)	1. Filed 7/11/95 File # 95-CV-310 Dismissed w/prejudice 11/26/96 Employment Discrimination 2. Filed 5/15/96 File # 96-CV-192 Settled 2/21/97 Medical Malpractice 3. Filed 11/19/96 File # 96-CV-433 Settled 2/21/97 Medical Malpractice	None	
French Hospital Medical Center				
San Luis Obispo County, California	1. Fixture Filing Instrument # 1997-40246 Recorded 7/30/1997 Collateral: property located in San Luis Obispo County, CA 2. UCC-1 Instrument # 2000-015585 Recorded 3/24/2000 SP: Heller Healthcare Finance Collateral: accounts receivable, chattel paper, contract rights, Lockbox Account, general intangibles, proceeds, software, records	52 listed (beginning 1993) – local litigation, Searched as Defendant	None	None
California Secretary of State	22; 7 expired or terminated (See descriptions following)	Four (Federal Litigation Search – Searched as Defendant) See Attached	One Filed 7/29/93 File # 93154896 Filed 5/12/98 File # 98133CO492 (Release of Lien)	

**SCHEDULE 5.4, CONTINUED
DESCRIPTION OF UCC FINANCING STATEMENTS
FILED WITH THE CALIFORNIA SECRETARY OF STATE**

DEBTOR: ARROYO GRANDE COMMUNITY HOSPITAL

1. Filed 3/7/97 – expired 3/7/02

File # 9706960608

Add'l Debtor: Vista Hospital Systems, Inc.

Secured Party: Stryker Capital

Collateral: filing offered for notice purpose only. Equipment: two (2) 3 chip camera systems, one (1) Rotating Coupler.

2. Filed 1/30/98 – expired 1/30/03

File # 9803660237

Secured Party: Copelco Capital, Inc.

Collateral: Lessor/Lessee relationship; equipment: one (1) IL 682 Co-oximeter.

3. Filed 1/31/00

File # 9803660237

Secured Party: Aligent Technologies

Collateral: filing offered for notice purposes only. Lessee's right in inventory and equipment pursuant to certain Finance Agreement.

4. Filed 3/24/00

File # 0008760370

Add'l Debtor: Corona Regional Medical Center

Add'l Debtor: Vista Hospital Systems, Inc.

Secured Party: Heller Healthcare Finance

Collateral: accounts receivable, right to Lockbox Account, proceeds, intangibles, books, records, claims, ledger cards, computer programs, software, records and data (as relating to Accounts).

5. Filed 7/25/2001

File # 0121160649

Add'l Debtor: Vista Hospital Systems, Inc.

Secured Party: Preferred Capital, Inc.

Collateral: Equipment as listed on Disposable Use agreement (not attached).

Assignment filed 5/24/02, Secured Party assigned to The Ripley National Bank

DEBTOR: CORONA REGIONAL MEDICAL CENTER

1. Filed 12/20/94

File # 9500760396

Add'l Debtor: Vista Hospital Systems, Inc.

Secured Party: U.S. Bank Trust N.A. as Custodian or Trustee

Collateral: filing offered for notice purpose only. Philips Medical Systems Equipment: 1 Philips Tomoscan SR 4000 preferred CT System with Volumetric Scanning package.

Assignment filed 2/1/96, Secured Party interest of National Westminster Bank USA, as Agent, assigned to The First National Bank of Chicago, as Agent

Assignment filed 6/23/99, Secured Party assigned to U.S. Bank Trust N.A. as Custodian or Trustee

Continuation filed 7/20/99

2. Filed 12/11/96 – expired on 12/11/01

File # 9634760027

Secured Party: Safeco Credit Co. Inc.

Collateral: filing offered for “precautionary purposes” only in connection with lease transaction. Equipment: 1 1996 Marathon RJ-250SC trash compactor.

3. Filed 2/18/97 – expired on 2/19/02

File # 9705660166

Add'l Debtor: Vista Hospital Systems, Inc.

Secured Party: Mitsui Vendor Leasing USA Inc.

Collateral: filing offered for notice purpose only. Equipment: Acuson Computed Sonography 128 XP/10 & Option pursuant to Equipment/Lease.

4. Filed 3/17/97– expired on 3/18/02

File # 9708060327

Secured Party: AT&T Capital Leasing Services, Inc.

Collateral: filing offered for notice purpose only. Equipment: 001 Nova 16 Analyzer with Printer pursuant to Equipment/Lease.

5. Filed 7/21/97

File # 9720560252

Secured Party: Alcon Laboratories, Inc.

Collateral: filing offered for notice purpose only. Equipment.

Termination filed 5/24/00

6. Filed 10/31/97– expired on 10/31/02

File # 9731060104

Secured Party: Hill-Rom Company, Inc.

Collateral: filing offered for notice purpose only. Equipment: hospital furniture and equipment.

7. Filed 4/15/98

File # 9810660411

Add'l Debtor: Vista Hospital Systems, Inc.

Secured Party: Dade International, Inc.

Assignee of Secured Party: Dade Financial Services

Collateral: filing offered solely as a precaution. Equipment financed pursuant to Finance Agreement.

Amendment filed 8/17/98, changes name of piece of equipment from Heterogenous to Hetero Mod.

8. Filed 6/19/98

File # 9817460647

Add'l Debtor: Vista Hospital Systems, Inc.

Secured Party: Siemens Credit Corporation

Collateral: filing offered for notice purpose only. Equipment: [name of equipment illegible] covered under Leasing Schedule #160-0001019-000 between Debtor and Secured Party.

9. Filed 6/19/98

File # 9817460652

Add'l Debtor: Vista Hospital Systems, Inc.

Secured Party: Siemens Credit Corporation

Collateral: filing offered for notice purpose only. Equipment: 1481T [illegible] covered under Leasing Schedule #160-0001019-000 between Debtor and Secured Party.

10. Filed 3/31/99

File # 9909860616

Add'l Debtor: Vista Hospital Systems, Inc.

Secured Party: GE/Colonial Pacific Leasing

Collateral: filing offered for notice purpose only. Equipment: Customized Digital Camera Console, Xenon Light source, 35 mm Coupler, Sony medical monitor, modular carts, bottle holder for cart, all part of LeaseSource, Inc. Lease.

11. Filed 11/1/99

File # 9931460317

Secured Party: Allegiance Healthcare Corporation

Collateral: filing offered for notice purpose only. Equipment listed under Equipment Rental Agreement No. 10019.

12. Filed 3/16/00

File # 0008160382

Add'l Debtor: Vista Hospital Systems, Inc.

Secured Party: U.S. Bank Trust National Association, as Master Trustee

Collateral: 3-page description includes, briefly, all accounts, chattel paper, instruments, leases, drafts, and other rights to the payment of money owned by Debtor; all amounts owed to Debtor, with respect to goods sold or leased or services rendered by Debtor; all accounts maintained by Debtor at any financial institution; all general intangibles; all inventory, raw materials, goods, materials used or consumed in Debtor's business; all instruments, letters of credit, securities; all equipment; all present and future books, records and data of any kind relating to the foregoing; any and all attachments, accessions and additions to, etc, the foregoing; and all royalties, proceeds, products of the foregoing, including payments from providers of health insurance.

13. Filed 3/24/00

File #0008760363

Add'l Debtor: Corona Regional Medical Center Rehabilitation Hospital

Add'l Debtor: Vista Hospital Systems, Inc.

Secured Party: Heller Healthcare Finance

Collateral: accounts receivable, right to Lockbox Account, proceeds, intangibles, books, records, claims, ledger cards, computer programs, software, records and data (as relating to Accounts).

14. Filed 3/24/00

File #0008760370

Add'l Debtor: Vista Hospital Systems, Inc.

Add'l Debtor: Arroyo Grande Community Hospital

Secured Party: Heller Healthcare Finance

Collateral: accounts receivable, right to Lockbox Account, proceeds, intangibles, books, records, claims, ledger cards, computer programs, software, records and data (as relating to Accounts).

15. Filed 4/6/00

File # 0010360274

Add'l Debtor: Vista Hospital Systems, Inc.

Secured Party: DVI Financial Services, Inc.

Collateral: 1 2000 General Electric AMX 4+ Mobile X-Ray System, Serial # 428 AM-15.

16. Filed 8/11/00

File # 0023160355

Add'l Debtor: Vista Hospital Systems, Inc.

Secured Party: Acuson Corporation

Collateral: Equipment leased under Security Agreement dated 12/2/94 between Secured Party and Debtor

17. Filed 3/7/01

File # 0107160659

Secured Party: Bayer Corporation Diagnostics Division

Collateral: blood gas analyzers and all accessories, parts and equipment, all replacements or substitutions, and all proceeds of the foregoing.

18. Filed 3/30/01

File # 0109560568

Add'l Debtor: Vista Hospital Systems, Inc.

Secured Party: American Express Business Finance Corporation

Collateral: security interest in all equipment and any and all inventory, accounts, receivables, goods, machinery, furniture, fixtures, property, intangible property, and assets of Debtor of any and every kind; all proceeds of the foregoing. Equipment: Delphi C Unitlease, Lease # 132047-000.

Amendment filed 4/22/02

Collateral: specific equipment acquired by Lessee, which is subject to a security interest granted by Lessee to Lessor; Lease # 338354-1.

DEBTOR: FRENCH HOSPITAL MEDICAL CENTER

1. Filed 7/29/93

File # 93154896

Secured Party: IRS-San Jose

Termination filed 5/12/98

2. Filed 1/24/97 - expired 1/24/02

File # 9702860512

Secured Party: AT&T Capital Leasing Services, Inc.

Collateral: filing offered for notice purpose only. Equipment: Novus 2000 Dual Fiber Laser System, Equipment/Lease No. 601651.

3. Filed 3/6/97 - expired 3/6/02

File # 9706660137

Secured Party: Pyxis Corporation

Collateral: filing offered for notice purpose only. Equipment: all Pyxis equipment manufactured by Pyxis Corporation, Equipment/Lease No. 700347-001.

4. Filed 7/30/97 - expired 7/30/02

File # 9721360079

Secured Party: First Trust of California National Association

Collateral: all articles of personal property, including all fixtures, used in connection with Parcel A and Parcel B (non-exclusive easements for parking and encroachments) of Debtor's Real Property.

5. Filed 7/30/97 - expired 7/30/02

File # 9721360082

Secured Party: First Trust of California National Association

Collateral: all gross revenues of Debtor.

6. Filed 9/2/97 - expired 9/3/02

File # 9724760642

Secured Party: Roche Diagnostic Systems, Inc., subsidiary of Hoffman La Roche, Inc.

Collateral: all of Debtor's rights, title and interest in and to COBAS INTEGRA 700 Chemistry System.

7. Filed 3/27/98 - expires 3/27/03

File # 9808660772

Secured Party: General Electric Company

Collateral: 1 Signa 1.5T LX MP System and all additions, accessions, modifications, improvements, replacements, substitutions and accessories thereto and therefor.

8. Filed 3/27/98 – expires 3/27/03

File #9808660778

Secured Party: General Electric Company

Collateral: 1 Caluret [Calumet] Coach Model No. MMT-543M and all additions, accessions, modifications, improvements, replacements, substitutions and accessories thereto and therefor.

9. Filed 5/8/98

File # 9813160817

Secured Party: General Electric Company

Collateral: 1 CT/I Scanner, 8510206, 970-20813 and all additions, accessions, modifications, improvements, replacements, substitutions and accessories thereto and therefor.

10. Filed 8/10/98

File # 9822460091

Add'l Debtor: French Hospital Medical Center Transitional Care Facility

Secured Party: Capital Healthcare Financing, a Division of Capital Factors, Inc.

Collateral: accounts, account receivables, plus proceeds thereof, of the Debtors.

Assignment filed 8/23/99, Secured Party assigned to DVI Business Credit Corporation

Assignment filed 8/23/99, Secured Party assigned back to Capital Healthcare Financing, a Division of Capital Factors, Inc. (given as additional collateral for a loan from Secured Party to Debtor)

Termination filed 5/2/00

11. Filed 2/15/00

File # 0004960398

Secured Party: Roche Diagnostics Corporation

Collateral: Elecsys 2010 R Serial # 92445, Lessee is not authorized to assign, sell or otherwise transfer Lessor's rights to the Equipment without the prior consent of Lessor.

12. Filed 3/2/00

File # 0006660840

Secured Party: Bayer Corporation Diagnostics Division

Collateral: 2 M845 Blood Gas Analyzers, 1 Rapidlink Standalone, 2 800 Series Cables, 1 Meditech Interface and all accessories, parts and equipment now and hereafter affixed thereto or used in connection therewith, all replacements or substitutions of any thereof, and all proceeds of the foregoing.

13. Filed 3/16/00

File # 0008160394

Secured Party: U.S. Bank Trust National Association, as Master Trustee

Collateral: 3-page description includes, briefly, all accounts, chattel paper, instruments, leases, drafts, and other rights to the payment of money owned by Debtor; all amounts owed to Debtor, with respect to goods sold or leased or services rendered by Debtor; all accounts maintained by Debtor at any financial institution; all general intangibles; all inventory, raw materials, goods, materials used or consumed in Debtor's business; all instruments, letters of credit, securities; all equipment; all present and future books, records and data of any kind relating to the foregoing; any and all attachments, accessions and additions to, etc, the foregoing; and all royalties, proceeds, products of the foregoing, including payments from providers of health insurance.

14. Filed 3/24/00

File # 0008760367

Secured Party: Heller Healthcare Finance

Collateral: accounts receivable, right to Lockbox Account, proceeds, intangibles, books, records, claims, ledger cards, computer programs, software, records and data (as relating to Accounts).

(see Item No. 21 below) UCC1 filed 6/27/02, File # 0217860563 "in lieu of a Continuation Statement" for this Financing Statement and the Financing Statement recorded in San Luis Obispo County on 3/24/00, which Financing Statements remain in effect.

15. Filed 12/29/00

File # 0100960625

Secured Party: AGFA Corp.

Collateral: filing offered for notice purpose only. Equipment: 14 x 17 Ortho Regular Screens and Accessories as more fully set forth on lease by and between Debtor/Lessee and Agfa Finance Group, Agfa Corporation and all other acquired property purchased or leased from Secured Party/Lessor pertaining thereto.

16. Filed 12/29/00

File # 0100960935

Secured Party: Roche Diagnostics Corporation

Collateral: LX-21 Serial # A3229 and SE9500 Serial # A1109, Lessee is not authorized to assign, sell or otherwise transfer Lessor's rights to the above equipment without the prior consent of Lessor.

17. Filed 7/25/01

File # 0121160632

Secured Party: The Ripley National Bank

Collateral: Equipment as listed on Disposable Use Agreement, Equipment/Lease No. 27093-000.

Assignment filed 5/7/02, Secured Party interest of Preferred Capital, Inc. assigned to The Ripley National Bank.

18. Filed 8/13/01

File # 0122660368

Secured Party: General Electric Company

Collateral: 1 DMR+ Mammography Console K#8557291, 96093334 and all additions, accessions, modifications, improvements, replacements, substitutions and accessories thereto and therefor.

19. Filed 4/23/02

File # 0211460671

Secured Party: Olympus America Inc.

Collateral: 1 GIF-160 Video Gastroscope with Dual Light Guides and 1 PCF-160AL variable Stiffness Pediatric Video Colonoscope and all substitutions, replacements, additions, attachments and accessories thereto and proceeds thereof, now owned or hereafter acquired.

20. Filed 6/27/02

File # 0217860563

Add'l Debtors: Corona Regional Medical Center, Arroyo Grande Community Hospital and Corona Regional Medical Center Rehabilitation Hospital named on Exhibit B

Secured Party: Heller Healthcare Finance, Inc.

Collateral: (a) all accounts, accounts receivable, payment intangibles and other rights to payment of money or a monetary obligation; (b) all general intangibles with respect to, evidencing or relating to any of the foregoing; and (c) all other property listed on the original financing statements. This Financing Statement "filed in lieu of a Continuation Statement for the following previously filed Financing Statements [File # 0008760367 (see Item No. 14 above) and the Financing Statement recorded in San Luis Obispo County on 3/24/00] which remain effective."

21. Filed 7/30/02

File # 0221260757

Secured Party: Mid-State Bank & Trust

Collateral: filing is for notice purpose only. Leased equipment described on Attachment "A" attached to Financing Statement; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).

22. Filed 11/25/02

File # 0232960608

Secured Party: GE Capital Corporation

Collateral: 1 Reflex 100 Array Processor, together with any and all additions, attachments, accessories and accessions, all substitutions, replacements or exchanges therefor, all insurance and/or other proceeds, thereof, financed pursuant to that certain agreement between Debtor and Secured Party; Account No. 4161762-001 MT.

ARROYO GRANDE COMMUNITY HOSPITAL

Jurisdiction	UCCs	Pending Suits and Judgments (State and Federal Court)	Tax Liens (including EPA And ERISA Liens)	Bankruptcy
San Luis Obispo County, California	None	24 (See attached listing)	None	None
California Secretary of State	5; 2 expired (See descriptions on Schedule 5.4)	Federal Litigation (searched as Defendant) File #86 CV 7101 Filed 10/31/86 CA Hospital Association, et al. V. PCC, et al Nature: RICO Act	None	None

CT CORPORATION - UCC DIVISION
UCC Search Report

The following represents a listing of the documentation you requested through a careful search of effective UCC filings recorded in the Office of the Secretary of State of California, licensed from the State or an independent third party and maintained in computerized form and available through our offices. Variations of the Name and Address of the search key may appear on this report as a result of the search findings and your individual request for that information. This report reflects records effective Dec. 03, 2002.

THIS DATA IS FOR INFORMATION PURPOSES ONLY. CERTIFICATION CAN ONLY BE OBTAINED THROUGH THE OFFICE OF THE CALIFORNIA SECRETARY OF STATE.

Because we cannot independently verify the accuracy of the public information maintained by the responsible government agency or other sources of this data, we make no guaranties, representations, or warranties as to the accuracy or completeness of this report. We cannot and do not accept any liability for errors or omissions.

State of California UCC Debtor Name Search results performed on the following Search Key :

Name = ARROYO GRANDE

Exp./Term. Liens = No

1. 9706960608 filed on Mar. 7, 1997 at 1538
expires on Mar. 7, 2002

Debtor ARROYO GRANDE COMMUNITY HOSPITAL
345 S HALCYN RD
ARROYO GRANDE CA 93420

Debtor VISTA HOSPITAL SYSTEMS, INC.
345 S HALCYON RD
ARROYO GRANDE CA 93420

Tax#/SSN-770261419

Sec.Pty. STRYKER CAPITAL
55 FEDERAL RD
DANBURY CT 06810

2. 9803660237 filed on Jan. 30, 1998 at 0800
expires on Jan. 30, 2003

Debtor ARROYO GRANDE COMMUNITY HOSPITAL
345 S HALYCON RD
ARROYO GRANDE CA 93420

Sec.Pty. COPLECO CAPITAL, INC.
700 EASTGATE DR STE 400
MT. LAUREL NJ 08054

3. 0003460093 filed on Jan. 31, 2000 at 0800
expires on Jan. 31, 2005

Debtor ARROYO GRANDE COMMUNITY HOSPITAL
345 S HALCYON RD
ARROYO GRANDE CA 93420

Sec.Pty. AGILENT TECHNOLOGIES
3000 HANOVER ST
PALO ALTO CA 94304

4. 0008760370 filed on Mar. 24, 2000 at 1141
expires on Mar. 24, 2005

Debtor ARROYO GRANDE COMMUNITY HOSPITAL
345 S HALCYON RD
ARROYO GRANDE CA 93420

Debtor CORONA REGIONAL MEDICAL CENTER

345 S HALCYON RD
ARROYO GRANDE CA 93420

Debtor VISTA HOSPITAL SYSTEMS, INC.
800 S MAIN ST
CORONA CA 92882

Tax#/SSN-770261419

Sec.Pty. HELLER HEALTHCARE FINANCE
2 WISCONSIN CR 4TH FL
CHEVY CHASE MD 20815

5. 0121160649 filed on July 25, 2001 at 1700
expires on July 25, 2006

Debtor ARROYO GRANDE COMMUNITY HOSPITAL
345 SOUTH HALCYON ROAD
ARROYO GRANDE CA 93420

Debtor VISTA HOSPITAL SYSTEMS, INC.
345 SOUTH HALCYON ROAD
ARROYO GRANDE CA 93420

Sec.Pty. PREFERRED CAPITAL, INC.
6860 W. SNOWVILLE ROAD SUITE 110
BRECKSVILLE OH 44141

Sec.Pty. THE RIPLEY NATIONAL BANK
101 MAIN STREET
RIPLEY OH 45167

Assgnmnt #02144C0390 filed on May 24, 2002

[End of report]

CT CORPORATION SYSTEM

Search Report

Date: 12/17/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza
Chicago, IL 60611-3608

Subject: Arroyo Grande Community Hospital
Foundation

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: California

Search Type: UCC Liens - Secretary of State

Searched: 5 Years **Searched Through:** 12/03/02

Synopsis: Original Financing Statement(s) : 5

Assignment(s) : 1

See listing for additional information

Copies : 8

Search Type: State Tax Liens - Secretary of State

Searched: 10 Years **Searched Through:** 12/03/02

Synopsis: No Records Found

Search Type: Judgment Liens - Secretary of State

Searched: 5 Years **Searched Through:** 12/03/02

Synopsis: No Records Found

Search Type: Federal Tax Liens - Secretary of State

Searched: 10 Years **Searched Through:** 12/03/02

Synopsis: No Records Found

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
Fax: (888) 829-5819

This report contains information compiled from sources which CT Corporation System considers reliable, but does not control. Information provided is non-certified unless otherwise indicated. CT in no way undertakes or assumes any part of the customer's business, legal or similar risks, and does not guarantee the accuracy, completion, or timeliness of the information provided, and shall not be liable for any losses or injuries whatever resulting from any contingency beyond its control, or from negligence, regardless of the cause. The categorization of filings is provided for the convenience of the customer and is not to be construed as a legal opinion concerning the status of the filings.

Signed _____

ARROYO GRANDE COMMUNITY HOSPITAL
CA SOS

1. Filed 3/7/1997
File # 9706960608
Add'l Debtor: Vista Hospital Systems, Inc.
Secured Party: Stryker Capital
Collateral: filing offered for notice purpose only. Equipment: two (2) 3 chip camera systems, one (1) Rotating Coupler
2. Filed 1/30/1998
File # 9803660237
Secured Party: Copelco Capital, Inc.
Collateral: Lessor/Lessee relationship; equipment: one (1) IL 682 Co-oximeter
3. Filed 1/31/2000
File # 9803660237
Secured Party: Aligent Technologies
Collateral: filing offered for notice purposes only. Lessee's right in inventory and equipment pursuant to certain Finance Agreement.
4. Filed 3/24/2000
File # 0008760370
Add'l Debtor: Corona Regional Medical Center
Add'l Debtor: Vista Hospital Systems, Inc.
Secured Party: Heller Healthcare Finance
Collateral: accounts receivable, right to Lockbox Account, proceeds, intangibles, books, records, claims, ledger cards, computer programs, software, records and data (as relating to Accounts)
5. Filed 7/25/2001
File # 0121160649
Add'l Debtor: Vista Hospital Systems, Inc.
Secured Party: Preferred Capital, Inc.
Collateral: Equipment as listed on Disposable Use agreement (not attached)

Assignment filed 5/24/2002

Secured Party assigned to The Ripley National Bank

9706960608



FINANCING STATEMENT — FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is prepared for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A NAME & TITLE OF CONTACT AT FILER (optional)	B FILING OFFICE ALCCT # (optional)
C RETURN COPY TO: (Name and Mailing Address)	
P6-0000-767-8	
D OPTIONAL DEMONSTRATION # (optional)	E SERIAL # (optional)
F COUNTRYSIGNATURE (optional)	G WITH UCC FILING

1 DEBTOR'S EXACT/FULL LEGAL NAME insert only one debtor name (1a or 1b)

1a ENTITY'S NAME VISTA HOSPITAL SYSTEMS, INC DIVISION ARROYO GRANDE COMMUNITY HOSPITAL			
OR	1b INDIVIDUAL'S LAST NAME	FIRST NAME	SUFFIX
1c MAILING ADDRESS 345 SO. HALCYON ROAD		CITY ARROYO GRANDE	STATE COUNTRY POSTAL CODE CA USA 93420
1d SS OR TAX ID # 770261419	OPTIONAL ADDRESS AND/OR CITY (ENTITY DEBTOR)	1e ENTITY'S STATE OR COUNTRY OF ORGANIZATION	1f ENTITY'S ORGANIZATIONAL ID # (optional)

2 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME insert only one debtor name (2a or 2b)

2a ENTITY'S NAME ARROYO GRANDE COMMUNITY HOSPITAL			
OR	2b INDIVIDUAL'S LAST NAME	FIRST NAME	SUFFIX
2c MAILING ADDRESS Same as above		CITY	STATE COUNTRY POSTAL CODE
2d SS OR TAX ID #	OPTIONAL ADDRESS AND/OR CITY (ENTITY DEBTOR)	2e ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2f ENTITY'S ORGANIZATIONAL ID # (optional)

3 SECURED PARTY'S (ORIGINAL S# OR ITS TOTAL ASSESS#) EXACT FULL LEGAL NAME insert only one secured party name (3a or 3b)

3a ENTITY'S NAME Stryker Capital			
OR	3b INDIVIDUAL'S LAST NAME	FIRST NAME	SUFFIX
3c MAILING ADDRESS 55 Federal Road		CITY Danbury	STATE COUNTRY POSTAL CODE CT 06810

This financing statement is filed solely for notice and precautionary purposes and the filing hereof shall not be deemed evidence of any intention of the parties to create a security interest under the Uniform Commercial Code or to enter into other than a true lease transaction.

EQUIPMENT: (2) 3 CHIP CAMERA SYSTEMS
(1) ROTATING COUPLER

COUNTER RECEIPT

7012093 00Y

4 CHECK BOX If checked, counter location was changed to the state or in accordance with other provisions listed below.	5 THE FINANCING STATEMENT IS SIGNED BY THE SECURED PARTY (NAME OF THE LENDER IS PERFECT & SECURITIZED) OR BY SOMEONE AUTHORIZED TO SIGN FOR THE SECURED PARTY.	6 THE FINANCING STATEMENT IS TO BE FILED FOR RECORD OR RECORD IN THE PUBLIC RECORDS.
7 I, the filer, hereby certify that the information furnished is true and correct.	8 I, the filer, hereby certify that the information furnished is true and correct.	9 I, the filer, hereby certify that the information furnished is true and correct.
SIGNATURE OF SECURED PARTY VISTA HOSPITAL SYSTEMS, INC DIVISION ARROYO GRANDE COMMUNITY HOSPITAL Stryker Capital		10 I, the filer, hereby certify that the information furnished is true and correct.

PARTIES

R

Debtor name (last name first if individual) and mailing address
ARROYO GRANDE COMMUNITY HOSPITAL
345 S HALCYON RD
ARROYO GRANDE, CA 93420

30.00

FINANCING STATEMENT
Uniform Commercial Code Form UCC-1
IMPORTANT - Please read instructions on
reverse side of page 4 before completing

N/S

Filing fee (stamped by filing officer)

Date, Time, Filing Office (stamped by filing officer)

Debtor name (last name first if individual) and mailing address

Debtor name (last name first if individual) and mailing address

Secured Party name(s) (last name first if individual) and address for security interest information

Copelco Capital, Inc.
700 Eastgate Drive
Suite 400
Mt. Laurel, NJ 08054

Assignment of Secured Party interests (last name first if individual) and address for security interest information

Special Types of Parties (check if applicable)

- The terms "Debtor" and "Secured Party" mean Lessor and Lessee respectively
- The terms "Debtor" and "Secured Party" mean Consignee and "Consignor," respectively
- Debtor is a Transacting Utility

SECURED PARTY SIGNATURE(S)

This statement is filed with only the Secured Party's signature to perfect a security interest in collateral (check applicable box(es)):

- a acquired after a change of name, identity or corporate structure of the Debtor
- b as to which the filing has lapsed
- c already subject to a security interest in another county in Pennsylvania--
 - when the collateral was moved to this county
 - when the Debtor's residence or place of business was moved to the county
- d already subject to a security interest in another jurisdiction --
 - when the collateral was moved to Pennsylvania
 - when the Debtor's residence was moved to Pennsylvania
- e which is proceeds of the collateral described in Block 9, in which a security interest was previously perfected (also describe proceeds in block 9 if purchased with cash, proceeds and not subsequently described on the original financing statement)

Secured Party Signature(s):
(required only if box(es) is checked above)

1

1a

1b

2a

3

4

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code, and is to be filed with the (check applicable box):

- Secretary of the DEPARTMENT STATE
- Prothonotary of _____ County
- real estate Records of _____ County

Number of Additional Sheets (if any) 7

Optional Special Identification (Max. 10 characters) Lessor# 0801030

Identify collateral by item and/or type

XXXXXX
1-IL 682 CO-OXIMETER

(check only if desired) Proceeds of the collateral are also covered.

Minimally related real estate, if applicable. The collateral is, or includes (check appropriate box(es)) --

- a crops growing or to be grown on --
- b goods which are or are to become fixtures on --
- c minerals or the like (including oil and gas) as extracted on --
- d accounts resulting from the sale of minerals or the like (including oil and gas) at the wellhead or minehead on --

the following real estate
Street Address:
Describe pl. Book _____ of (check one) Deeds Mortgages, at Page(s) _____
for _____ County Uniform Parcel Identifier _____
 Described on Additional Sheet
Name of record owner (required only if no Debtor has an interest of record)

DEBTOR SIGNATURE(S)

Debtor Signature(s)
ARROYO GRANDE COMMUNITY HOSPITAL

1 _____
1a _____
1b _____

RETURN RECEIPT TO

Copelco Capital, Inc.
700 Eastgate Drive
Suite 400
Mt. Laurel, NJ 08054

9803660237



FILED
SACRAMENTO, CA
JAN 30, 1998 AT 0800

BILL JONES
SECRETARY OF STATE

0003460093



FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY
This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (Required) B. FILING OFFICE ACCT. # (Optional)
 Phone (800) 331-3282 Fax (818) 662-4141

C. RETURN COPY TO (Name and Mailing Address)

Data Filing Services 94483 HP
 P.O. Box 29071 2209673-40-1
 Glendale, CA 91209-9071

FILED
SACRAMENTO, CA
JAN 31, 2000 AT 0800
BILL JONES
SECRETARY OF STATE

D. OPTIONAL DESIGNATION # (Optional) LESSOR/LESSEE CONSIGNOR/CONSIGNEE NON-UCC FILING

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) FILED WITH California

1a. ENTITY'S NAME
Arroyo Grande Community Hospital

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE
345 S Halcyon Road ARROYO GRANDE CA 93420

1d. SS OR TAX ID # OPTIONAL 1a. TYPE OF ENTITY 1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION 1g. ENTITY'S ORGANIZATIONAL ID #, if any NONE

OPTIONAL ADD'L INFO RE ENTITY DEBTOR

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) Equipment/Lease No: AR557A

2a. ENTITY'S NAME

OR

2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE

2d. SS OR TAX ID # OPTIONAL 2a. TYPE OF ENTITY 2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION 2g. ENTITY'S ORGANIZATIONAL ID #, if any NONE

OPTIONAL ADD'L INFO RE ENTITY DEBTOR

3. SECURED PARTY'S (ORIGINAL S/P OR ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME
Agilent Technologies

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE
3000 Hanover St Palo Alto CA 94304

4. This FINANCING STATEMENT covers the following types or items of property:

All of the Lessee's right, title and interest in the inventory and equipment now or hereafter leased from Lessor by Lessee pursuant to Finance Agreement Number AR557A together with all schedules, amendments, renewals, and modifications thereto, and purchased orders executed thereunder, including, without limitation, all computer data communications and network control equipment, software and firmware, and all additions, accessions, substitutions, attachments, improvements, repairs thereto and therefor, whether currently existing or hereafter arising, and all proceeds of such inventory, equipment, and Finance Agreement (including accounts, contract rights, chattel paper, general intangibles, and insurance proceeds). This financing statement is filed as precautionary filing solely for notice purposes and shall not be deemed evidence of any intention to create a security interest under the Uniform Commercial Code. Equipment/Lease No: AR557A

5. CHECK BOX The FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest 7. If filed in F. 3028 (CHECK ONE)
 (a) is collateral already subject to a security interest Documentary stamp Documentary stamp
 Debtor's location was changed to the state of California with effect retroactive to 01/01/99 (additional fee required) stamp tax paid tax not applicable

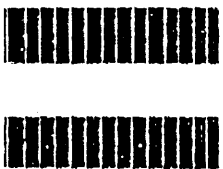
6. REQUIRED SIGNATURES:
Arroyo Grande Community Hospital
Attorney-in-fact

8. The FINANCING STATEMENT is to be filed (for records) (or recorded) in the REAL ESTATE RECORDS (if applicable)
 Attach Addendum (if applicable)

9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

CA 505

0008760370



FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY

The Financing Statement is prepared for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)		B. FILING OFFICE ACCT. # (optional)
C. RETURN COPY TO: Where and Mailing Address		
LEXIS DOCUMENT Services 1029 J Street Suite 100 Sacramento, CA 95814 J7540177-7		
D. OPTIONAL DESIGNATION of applicant		NON UCC FILING

FILED
SACRAMENTO, CA
MAR 24, 2000 AT 1141
BILL JONES
SECRETARY OF STATE

PO-0009-767-3

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME
Vista Hospital Systems, Inc.

OR

1b. INDIVIDUAL'S LAST NAME

FIRST NAME	MIDDLE NAME	SUFFIX
------------	-------------	--------

1c. MAILING ADDRESS
800 South Main Street
CITY CORONA STATE CA COUNTRY USA POSTAL CODE 92882

1d. SS OR TAX ID # 77-0261419

1e. OPTIONAL ADDITIONAL INFO RE ENTITY DEBTOR

1f. TYPE OF ENTITY

1g. ENTITY'S STATE OR COUNTRY OF ORGANIZATION

1h. ENTITY'S ORGANIZATIONAL I.D.#, if any NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME

OR

2b. INDIVIDUAL'S LAST NAME

FIRST NAME	MIDDLE NAME	SUFFIX
------------	-------------	--------

2c. MAILING ADDRESS

CITY	STATE	COUNTRY	POSTAL CODE
------	-------	---------	-------------

2d. SS OR TAX ID #

2e. OPTIONAL ADDITIONAL INFO RE ENTITY DEBTOR

2f. TYPE OF ENTITY

2g. ENTITY'S STATE OR COUNTRY OF ORGANIZATION

2h. ENTITY'S ORGANIZATIONAL I.D.#, if any NONE

3. SECURED PARTY'S ORIGINAL SP or ITS TOTAL ASSIGNEE'S EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME
Heller Healthcare Finance

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME	MIDDLE NAME	SUFFIX
------------	-------------	--------

3c. MAILING ADDRESS
2 Wisconsin Circle 4th Floor
CITY CHEVY CHASE STATE MD COUNTRY USA POSTAL CODE 20815

4. This FINANCING STATEMENT covers the following types of assets of property:
All accounts receivable and such other assets of Debtor as are described in Exhibit A attached hereto and made a part hereof.

Additional names and locations of Debtor are the following:
d/b/a Corona Regional Medical Center
d/b/a Arroyo Grande Community Hospital
345 South Maloyon Road
Arroyo Grande, California 93420

CA-505

5. CHECK The FINANCING STATEMENT is signed by the Secured Party, instead of the Debtor to perfect a security interest.

6. CHECK If filed in Florida, check this area: DOCUMENTARY DOCUMENTARY STATEMENT SALES TAX RECEIPT

7. CHECK If filed in Florida, check this area: SALES TAX RECEIPT

8. CHECK The FINANCING STATEMENT is to be used for record for purposes of the REAL ESTATE RECORDS.

9. CHECK TO REQUEST SEARCH CERTIFICATE(S) on Debtor's (ADDITIONAL FEE) AT Debtor's Debtor's Debtor's

EXHIBIT A TO UCC-1 FINANCING STATEMENT

(a) All of Debtor's now owned and hereafter acquired or arising Accounts, and all of Debtor's contract rights, chattel paper, documents and instruments with respect thereto, and all of Debtor's rights, remedies, security and liens, in, to and in respect of the Accounts, including, without limitation, rights of stoppage in transit, replevin, repossession and reclamation and other rights and remedies of an unpaid vendor, lienor or secured party, guaranties or other contracts of suretyship with respect to the Accounts, deposits or other security for the obligation of any Account Debtor, and credit and other insurance;

(b) All of Debtor's right, title and interest in and to the Lockbox Account;

(c) All of Debtor's now owned and hereafter acquired or arising general intangibles and other property of every kind and description with respect to or evidencing its Accounts, including, but not limited to, all existing and future customer lists, choses in action, claims, books, records, ledger cards, contracts, rights and claims under insurance policies, and computer programs, information, software, records, and data, as the same relates to the Accounts;

(d) The proceeds (including, without limitation, insurance proceeds) of all of the foregoing.

For purposes hereof, the term "Account" shall mean any right to payment for goods sold or leased or services rendered, in each case related to the provision of Medical Services, whether or not evidenced by an instrument or chattel paper, and whether or not earned by performance, including, without limitation, the right to payment of management fees.

For purposes hereof, the term "Governmental Authority" means and includes any federal, state, District of Columbia, county, municipal, or other government and any department, commission, board, bureau, agency or instrumentality thereof, whether domestic or foreign.

For purposes hereof, the term "Insurer" means a Person that insures a Patient against certain of the costs incurred in the receipt by such Patient of Medical Services, or that has an agreement with Debtor to compensate Debtor for providing services to a Patient.

For purposes hereof, the term "Lockbox Account" means an account maintained by Debtor at Bank One Arizona, N.A., or another bank as agreed upon by Debtor and Secured Party or a successor financial institution, into which all collections of Accounts are paid directly.

For purposes hereof, the term "Medical Services" means Medical and health care services provided to a Patient, including, but not limited to, medical and health care services provided to a Patient and performed by Debtor which are covered by a policy of insurance

0008760370

issued by an Insurer, and includes physician services, nurse and therapist services, dental services, hospital services, skilled nursing facility services, comprehensive outpatient rehabilitation services, home health care services, residential and out-patient behavioral healthcare services, and medicine or health care equipment provided by Debtor to a Patient for a necessary or specifically requested valid and proper medical of health purpose.

For purposes hereof, the term "Patient" means any Person receiving Medical Services from Debtor and all Persons legally liable to pay Debtor for such Medical Services other than Insurers.

For purposes hereof, the term "Person" means an individual, partnership, corporation, trust, joint venture, joint stock company, limited liability company, association, unincorporated organization, Governmental Authority, or any other entity.

0008760370

0121160649



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER (Required)
 Phone (800) 331-3282 Fax (916) 862-4141

B SEND ACKNOWLEDGEMENT TO (Name and Address)

UCC Direct Services 94301 PREFERRED
 P.O. Box 29071 3001921-41-1
 Glendale, CA 91209-9071

File with: California

FILED
SACRAMENTO, CA
JUL 25, 2001 AT 1700
BILL JONES
SECRETARY OF STATE

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME
VISTA HOSPITAL SYSTEMS, INC.

OR

1b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 345 SOUTH HALCYON ROAD ARROYO GRANDE CA 93420

1d TAX ID # SSN OR EIN ADDL INFO RE ORGANIZATION DEBTOR **1e TYPE OF ORGANIZATION** Corporation **1f JURISDICTION OF ORGANIZATION** CA **1g ORGANIZATIONAL ID # if any** C1668069 NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a ORGANIZATION'S NAME
ARROYO GRANDE COMMUNITY HOSPITAL

OR

2b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 345 SOUTH HALCYON ROAD ARROYO GRANDE CA 93420

2d TAX ID # SSN OR EIN ADDL INFO RE ORGANIZATION DEBTOR **2e TYPE OF ORGANIZATION** Corporation **2f JURISDICTION OF ORGANIZATION** CA **2g ORGANIZATIONAL ID # if any** C1668069 NONE

3. SECURED PARTY'S (or NAME of TOTAL ASSIGNEE of ASSIGNOR S.P.) - insert only one secured party name (3a or 3b)

3a ENTITY'S NAME
PREFERRED CAPITAL, INC.

OR

3b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 6000 W. SNOWVILLE ROAD BRECKSVILLE OH 44141
 SUITE 110

4. This FINANCING STATEMENT covers the following types of items of property:

EQUIPMENT AS LISTED ON ATTACHED DISPOSABLE USE AGREEMENT Equipment/Lease No 27094 000

5 ALTERNATIVE DESIGNATION (if applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILORE SELLER/BUYER AG LIEN NON-UCC FILING

6 This FINANCING STATEMENT is to be filed for record (or recorded) in the REAL ESTATE RECORDS **7** Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2 **8** OPTIONAL FILER REFERENCE DATA (if applicable) (ADDITIONAL FEE) (optional)

File with: California

0214400390

UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
Phone (800) 331-3282 Fax (618) 062-4141

B. SEND ACKNOWLEDGMENT TO: (Name and Mailing Address)

UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	94361 PREFERRED 3601621.1-36-1
--	-----------------------------------

FILED
SACRAMENTO, CA
MAY 24, 2002 AT 1700
BILL JONES
SECRETARY OF STATE

1a. INITIAL FINANCING STATEMENT FILE #
0121160649 07-25-01 SS CA

This FINANCING STATEMENT AMENDMENT is to be filed for RECORD (or RECORDS) in the REAL ESTATE RECORDS

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing the Termination Statement

3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of the Secured Party authorizing the Continuation Statement is continued for the additional period provided by applicable law

4. **ASSIGNMENT (in or partial):** Give name of assignor in item 7a or 7b and address of assignor in 7c, and also give name of assignee in item 8.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor or Secured Party of record. Check only one box. If both are boxed, Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.
 CHANGE name and/or address: One current record name in item 6a or 6b, also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. **DELETE NAME:** Give record name to be deleted in item 6a or 6b. **ADD name:** Complete item 7a or 7b, and also item 7c, also complete item 7d (if applicable)

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME
THE RIPLEY NATIONAL BANK

OR

7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS
101 MAIN STREET CITY RIPLEY STATE OH POSTAL CODE 45167 COUNTRY

7d. TAX ID# ESN or EIN ADDL INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION K. JURISDICTION OF ORGANIZATION 7f. ORGANIZATIONAL ID #, if any

NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.
Debitable collateral deleted or added, or give entire retained collateral description, or describe collateral assigned.

0
2
0
0
4
6

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of creditor, if this is an Assignment, if this is an Amendment authorized by a Debtor which adds collateral or adds the Financing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.)

9a. ORGANIZATION'S NAME
PREFERRED CAPITAL, INC.

OR

9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. **OPTIONAL FILER REFERENCE DATA**
3001621.1 Debtor Name: VISTA HOSPITAL SYSTEMS, INC.

CT CORPORATION SYSTEM**Search Report**

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza
Chicago, IL 60611-3608

Subject: Arroyo Grande Community Hospital
Foundation

CT Order#: 5745882 SO**Customer Reference #1:** 070127**Customer Reference #2:** 0107**Jurisdiction:** San Luis Obispo County, California**Search Type:** UCC Liens - County Recorder**Searched:** 5 Years**Searched Through:** 12/10/02**Synopsis:** No Records Found**Search Type:** State Tax Liens - County Recorder**Searched:** 10 Years**Searched Through:** 12/10/02**Synopsis:** No Records Found**Search Type:** Local Litigation Search - Searched as Defendant - Superior Court**Searched:** 10 Years**Searched Through:** 12/10/02**Synopsis:** Civil Case(s)

See listing for additional information

Note: The information set forth on the listing has been obtained by abstract information and not directly from the filings.

As requested, copies are not included. To obtain copies, please contact our office

Search Type: Judgment Liens - County Recorder**Searched:** 5 Years**Searched Through:** 12/10/02**Synopsis:** No Records Found**Search Type:** Federal Tax Liens - County Recorder**Searched:** 10 Years**Searched Through:** 12/10/02**Synopsis:** No Records Found

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
Fax: (888) 829-5819

This report contains information compiled from sources which CT Corporation System considers reliable, but does not control. Information provided is non-certified unless otherwise indicated. CT in no way undertakes or assumes any part of the customer's business, legal or similar risks, and does not guarantee the accuracy, completion, or timeliness of the information provided, and shall not be liable for any losses or injuries whatever resulting from any contingency beyond its control, or from negligence, regardless of the cause. The categorization of filings is provided for the convenience of the customer and is not to be construed as a legal opinion concerning the status of the filings.

Signed _____

CT CORPORATION SYSTEM

Document Listing

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza

Subject: Arroyo Grande Community Hospital
Foundation

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: San Luis Obispo County, California

File Date	File No.	Type	Additional Information
PRESENTLY EFFECTIVE RECORDS			
06/03/92	CV00071853	LIT	Debra Harrison
06/16/92	MC00043533	LIT	Rosita Munoz
07/10/92	CV00072076	LIT	Lesely Carter
11/12/92	CV00072684	LIT	Samson Boothe
05/24/93	CV00073631	LIT	Jana & Peter William Ljepava
09/20/93	CV00074240	LIT	Kathy Whitehead
01/19/94	CV00074695	LIT	Arthur Taylor
07/14/94	MC00049694	LIT	Carsel & Carsel
10/04/94	CV00076282	LIT	Robert Lee Huether
04/17/95	CV00077214	LIT	Dennis J Rodrigues
05/03/95	CV00077276	LIT	James Waiter
08/01/95	CV00077260	LIT	AT&T Capital Leasing Services
10/05/95	CV00078002	LIT	Ronald Maddux
10/06/95	CV00058607	LIT	Dortohy L Oliver
08/08/96	CV00079488	LIT	Mary Langwell
08/20/97	CV00081150	LIT	Glen Bohard
02/25/99	CV00990162	LIT	Olioy & Wendell Swanson
08/07/99	CV00990395	LIT	Richard Castilleja, Marcella Castilleja, Loni Castilleja
03/09/00	CV00000267	LIT	Eileen B. Thompson
07/25/00	CV00000634	LIT	Lorna & William Johnson
10/24/01	CV00010933	LIT	William & Brigitta Beeman
02/13/02	CV00020133	LIT	Wayne Louis Reger
06/24/02	CV00020596	LIT	Teresa Castillo
11/12/02	CV00021047	LIT	Virgina Lasher

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
Fax: (888) 829-5819

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Signed _____

CT CORPORATION SYSTEM

Search Report

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza
Chicago, IL 60611-3608

Subject: Arroyo Grande Community Hospital
Foundation

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: U.S. District Court, California Central District

Search Type: Federal Litigation Search - Searched as Defendant

Searched: N/A

Searched Through: 12/11/02

Synopsis: Civil Case(s) : 1

See listing for additional information

Copies : 12

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
Fax: (888) 829-5819

This report contains information compiled from sources which CT Corporation System considers reliable, but does not control. Information provided is non-certified unless otherwise indicated. CT in no way undertakes or assumes any part of the customer's business, legal or similar risks, and does not guarantee the accuracy, completion, or timeliness of the information provided, and shall not be liable for any losses or injuries whatever resulting from any contingency beyond its control, or from negligence, regardless of the cause. The categorization of filings is provided for the convenience of the customer and is not to be construed as a legal opinion concerning the status of the filings.

Signed _____

CT CORPORATION SYSTEM**Document Listing**

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza

Subject: Arroyo Grande Community Hospital
Foundation

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: U.S. District Court, California Central District

File Date	File No.	Type	Additional Information
PRESENTLY EFFECTIVE RECORDS			
10/31/86	86-CV-7101	LIT	CA Hospital Association, et al vs P C C, et al

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
Fax: (888) 829-5819

This report contains information compiled from sources which CT Corporation System considers reliable, but does not control. Information provided is non-certified unless otherwise indicated. CT in no way undertakes or assumes any part of the customer's business, legal or similar risks, and does not guarantee the accuracy, completion, or timeliness of the information provided, and shall not be liable for any losses or injuries whatever resulting from any contingency beyond its control, or from negligence, regardless of the cause. the categorization of filings is provided for the convenience of the customer and is not to be construed as a legal opinion concerning the status of the filings.

Signed _____

U.S. District Court

Central District of California (Western Div.)

CIVIL DOCKET FOR CASE #: 86-CV-7101

CA Hospital Assoc, et al v. P C C, et al

Filed: 10/31/86

Assigned to: Judge Robert M. Takasugi

Demand: \$0,000

Nature of Suit: 890

Lead Docket: None

Jurisdiction: Federal Question

Dkt # in Sup Ct LA : is C590631

Cause: 28:1441 Petition for Removal- Racketeering (RICO) Act

CALIFORNIA HOSPITAL
ASSOCIATION, California non-
profit corporation
plaintiff

J Mark Waxman
[COR LD NTC]
Weissburg & Aronson
2049 Century Park E
Suite 3200
Los Angeles, CA 90067
310-277-2223

ALTA BATES HOSPITAL, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

BARTON MEMORIAL HOSPITAL, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

BEVERLY HOSPITAL, a California
non-profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

COMMUNITY HOSPITAL OF CHULA
VISTA, a California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

COMMUNITY HOSPITAL OF SAN
GABRIEL, a California non-
profit corporation

J Mark Waxman
(See above)
[COR LD NTC]

plaintiff

CORONA COMMUNITY HOSPITAL, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

DAMERON HOSPITAL, a California
non-profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

DELTA MEMORIAL HOSPITAL, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

DOMINICAN SANTA CRUZ HOSPITAL,
a California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

EISENHOWER MEDICAL CENTER, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

ESKATON AMERICAN RIVER
HOSPITAL, a California non-
profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

FRENCH HOSPITAL MEDICAL CENTER,
a California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

FRESNO COMMUNITY HOSPITAL &
MEDICAL CENTER, a California
non-profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

GOOD SAMARITAN, a California
nonprofit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

GRANADA HILLS COMMUNITY
HOSPITAL, a California non-
profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

GREATER BAKERSFIELD MEMORIAL
HOSPITAL, a California non-
profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

HENRY MAYO NEWHALL MEMORIAL
HOSPITAL, a California non-
profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

HOAG MEMORIAL HOSPITAL
PRESBYTERIAN, a California
non-profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

HOLLYWOOD PRESBYTERIAN
HOSPITAL CENTER, a California
non-profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

HOLY CROSS HOSPITAL, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

INTERCOMMUNITY HOSPITAL, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

JOHN MUIR MEMORIAL HOSPITAL, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

LA PALMA INTERCOMMUNITY
HOSPITAL, a California non-
profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

LASSEN COMMUNITY HOSPITAL-
ESKATON, a California non-
profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

LODI MEMORIAL HOSPITAL, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

LONG BEACH COMMUNITY HOSPITAL,
a California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

MADERA COMMUNITY HOSPITAL, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

MEMORIAL HOSPITAL MEDICAL
CENTER OF LONG BEACH, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

MEMORIAL HOSPITAL MEDICAL
CENTER, a California non-

J Mark Waxman
(See above)

profit corporation plaintiff	[COR LD NTC]
MERCY HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
MERCY HOSPITAL & MEDICAL CENTER, a California non- profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA, a California non- profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
MILLS MEMORIAL HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
MOUNT SHASTA COMMUNITY HOSPITAL, a California non- profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
NORTHRIDGE HOSPITAL MEDICAL CENTER, a California non- profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
OROVILLE HOSPITAL & MEDICAL CENTER, a California non- profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
ORTHOPAEDIC HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
PACIFIC HOSPITAL OF LONG BEACH, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
PARKVIEW COMMUNITY HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
QUEEN OF THE VALLEY HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
RIDEOUT MEMORIAL HOSPITAL, a California non-profit hospital	J Mark Waxman (See above)

plaintiff [COR LD NTC]
ROSEVILLE COMMUNITY HOSPITAL,
a California non-profit
corporation J Mark Waxman
(See above)
[COR LD NTC]

plaintiff
SADDLEBACK COMMUNITY HOSPITAL,
a California non-profit
corporation J Mark Waxman
(See above)
[COR LD NTC]
plaintiff

SAINT AGNES MEDICAL CENTER, a
California non-profit
corporation J Mark Waxman
(See above)
[COR LD NTC]
plaintiff

SAINT JOSEPH MEDICAL CENTER, a
California non-profit
corporation J Mark Waxman
(See above)
[COR LD NTC]
plaintiff

SAINT JOSEPH'S HOSPITAL OF
STOCKTON, a California non-
profit corporation J Mark Waxman
(See above)
[COR LD NTC]
plaintiff

SAINT MARY MEDICAL CENTER, a
California non-profit
corporation J Mark Waxman
(See above)
[COR LD NTC]
plaintiff

SAINT MARY'S HOSPITAL &
MEDICAL CENTER, a California
non-profit corporation J Mark Waxman
(See above)
[COR LD NTC]
plaintiff

SAINT ROSE HOSPITAL, a
California non-profit
corporation J Mark Waxman
(See above)
[COR LD NTC]
plaintiff

SAINT VINCENT MEDICAL CENTER
INC, a California non-profit
corporation J Mark Waxman
(See above)
[COR LD NTC]
plaintiff

SAN ANTONIO COMMUNITY HOSPITAL,
a California non-profit
corporation J Mark Waxman
(See above)
[COR LD NTC]
plaintiff

SAN JOSE HOSPITAL, a
California non-profit
corporation J Mark Waxman
(See above)
[COR LD NTC]
plaintiff

SANTA BARBARA COTTAGE HOSPITAL, J Mark Waxman

a California non-profit corporation plaintiff	(See above) [COR LD NTC]
SANTA MONICA HOSPITAL MEDICAL CENTER, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SANTA PAULA MEMORIAL HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SCRIPPS MEMORIAL HOSPITAL-LA JOLLA, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SHARP CABRILLO HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SHARP MEMORIAL HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SIERRA COMMUNITY HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SIERRA NEVADA MEMORIAL HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SOUTH COAST MEMORIAL CENTER, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SUTTER DAVIS HOSPITAL, a California non-profit corporation plaintiff	
TORRANCE MEMORIAL HOSPITAL MEDICAL CENTER, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
TRACY COMMUNITY MEMORIAL HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]

VALLEY HOSPITAL MEDICAL CENTER, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
VALLEY MEMORIAL HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
VERDUGO HILLS HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
VILLAVIEW COMMUNITY HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
WATSONVILLE COMMUNITY HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
WESTERN MEDICAL CENTER, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
WHITE MEMORIAL MEDICAL CENTER, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
ARROYO GRANDE COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
BREA COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
BROOKWOOD HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
BROTMAN MEDICAL CENTER, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
CHINO COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
COMMUNITY HOSPITAL OF GARDENA, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]

COMMUNITY HOSPITAL OF SANTA CRUZ, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
DELANO REGIONAL MEDICAL CENTER, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
DOMINGUEZ VALLEY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
ENCINO HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
FOUNTAIN VALLEY COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
FRENCH HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
GENERAL HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
HEALDSBURG GENERAL HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
KENTFIELD MEDICAL HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
LA HABRA COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
LOS ROBLES REGIONAL MEDICAL CENTER, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
MAD RIVER COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
MANTECA HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
KAWEAH-DELTA DISTRICT HOSPITAL plaintiff	J Mark Waxman (See above) [COR LD NTC]
MEDICAL CENTER OF NORTH	J Mark Waxman

HOLLYWOOD, a California corporation plaintiff	(See above) [COR LD NTC]
MEDICAL CENTER OF TARZANA, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
MISSION COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
NEWHALL COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
PACIFICA COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
PALM DRIVE HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
PIONEER HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
RANCHO ENCINO HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SERRA MEMORIAL MEDICAL CENTER, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SHERMAN OAKS COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SIERRA VISTA HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
TWIN CITIES COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
UKIAH GENERAL HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
VISALIA COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
WESTSIDE HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]

WOODVIEW-CALABASAS HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
BROOKSIDE HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
CORCORAN DISTRICT HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
DESERT HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
EASTERN PLUMAS DISTRICT HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
HAZEL HAWKINS MEMORIAL HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
HEMET VALLEY HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
LOS MEDANOS COMMUNITY HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
MARIN GENERAL HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
MARK TWAIN HOSPITAL DISTRICT, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
MEDOCINO COAST DISTRICT HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
MOUNT DIABLO HOSPITAL MEDICAL CENTER, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
PETALUMA VALLEY HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
SELMA DISTRICT HOSPITAL, a California district hospital	J Mark Waxman (See above)

plaintiff

[COR LD NTC]

SONOMA VALLEY HOSPITAL

J Mark Waxman

DISTRICT, a California
district hospital
plaintiff

(See above)
[COR LD NTC]

WASHINGTON HOSPITAL, a
California district hospital
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

BURBANK COMMUNITY HOSPITAL, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

v.

P C C INC, a California
corporation
defendant

ALVIN SAIDNER, an individual
defendant

Lawrence P Postal
[COR LD NTC]
Seyfarth Shaw Fairweather &
Geraldson
1111 19th Street N W
Washington, DC 20036
202-463-2400

STATE COMPENSATION INSURANCE
FUND, an independent state
agency
defendant

Pierce T Selwood
[COR LD NTC]
Sheppard Mullin Richter &
Hampton
333 S Hope Street
48th Floor
Los Angeles, CA 90071
213-620-1780

FREMONT INDEMNITY CO, a
California corporation
defendant

Laurence J Hutt
[COR LD NTC]
Kadison Pfaelzer Woodard Quinn
& Rossi
707 Wilshire Boulevard
Los Angeles, CA 90017
213-688-9000

LIBERTY MUTUAL INSURANCE
COMPANY, a Massachusetts

Maureen McGuirl
[COR LD NTC]

corporation
defendant

Gibson Dunn & Crutcher
333 S Grand Ave
Los Angeles, CA 90071-3197
213-229-7000

MISSION INSURANCE COMPANY, a
California corporation
defendant

COMMERICAL UNION INSURANCE CO,
a California corporation
defendant

DOES, 1 through 100 inclusive
defendant

Case Flags:
TERMED
(Bx)

END OF DOCKET: 2:86cv7101

PACER Service Center			
Transaction Receipt			
12/16/2002 11:09:39			
PACER Login:	mc0019	Client Code:	uccchi
Description:	docket report	Search Criteria:	2:86cv07101
Billable Pages:	16	Cost:	1.12

CT CORPORATION SYSTEM

Search Report

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza
Chicago, IL 60611-3608

Subject: Arroyo Grande Community Hospital
~~Foundation~~

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: U.S. Bankruptcy Court, California Central District

Search Type: Bankruptcy Search

Searched: N/A

Searched Through: 12/11/02

Synopsis: No Records Found

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
Fax: (888) 829-5819

This report contains information compiled from sources which CT Corporation System considers reliable, but does not control. Information provided is non-certified unless otherwise indicated. CT in no way undertakes or assumes any part of the customer's business, legal or similar risks, and does not guarantee the accuracy, completion, or timeliness of the information provided, and shall not be liable for any losses or injuries whatever resulting from any contingency beyond its control, or from negligence, regardless of the cause. The categorization of filings is provided for the convenience of the customer and is not to be construed as a legal opinion concerning the status of the filings.

Signed _____

CORONA REGIONAL MEDICAL CENTER

Jurisdiction	UCCs	Pending Suits and Judgments (State and Federal Court)	Tax Liens (including EPA And ERISA Liens)	Bankruptcy
Riverside County, California	None	None	None	One: Corona Regional Medical Group Filed 12/15/1998 File # 98-34623
California Secretary of State	18; 5 expired or terminated (Sec descriptions on Schedule 5.4)	Three: 1. Filed 7/11/95 File # 95-CV-310 Dismissed w/prejudice 11/26/96 Employment Discrimination 2. Filed 5/15/96 File # 96-CV-192 Settled 2/21/97 Medical Malpractice 3. Filed 11/19/96 File # 96-CV-433 Settled 2/21/97 Medical Malpractice	None	

CT CORPORATION SYSTEM

Search Report

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza
Chicago, IL 60611-3608

Subject: Corona Regional Medical Center
Foundation

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: San Luis Obispo County, California

Search Type: UCC Liens - County Recorder

Searched: 5 Years

Searched Through: 12/10/02

Synopsis: No Records Found

Search Type: State Tax Liens - County Recorder

Searched: 10 Years

Searched Through: 12/10/02

Synopsis: No Records Found

Search Type: Judgment Liens - County Recorder

Searched: 5 Years

Searched Through: 12/10/02

Synopsis: No Records Found

Search Type: Federal Tax Liens - County Recorder

Searched: 10 Years

Searched Through: 12/10/02

Synopsis: No Records Found

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
Fax: (888) 829-5819

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Signed _____

CT CORPORATION SYSTEM

Search Report

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza
Chicago, IL 60611-3608

Subject: Corona Regional Medical Center
Foundation

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: California

Search Type: UCC Liens - Secretary of State

Searched: 5 Years

Searched Through: 12/03/02

Synopsis: Original Financing Statement(s) : 18

Amendment(s) : 2

Assignment(s) : 2

Continuation(s) : 1

Termination(s) : 1

See listing for additional information

Copies : 2

Search Type: State Tax Liens - Secretary of State

Searched: 10 Years

Searched Through: 12/03/02

Synopsis: No Records Found

Search Type: Judgment Liens - Secretary of State

Searched: 5 Years

Searched Through: 12/03/02

Synopsis: No Records Found

Search Type: Federal Tax Liens - Secretary of State

Searched: 10 Years

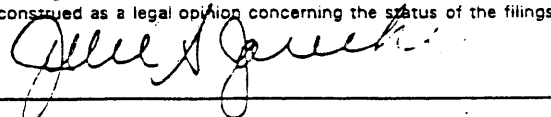
Searched Through: 12/03/02

Synopsis: No Records Found

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
Fax: (888) 829-5819

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Signed



CT CORPORATION - UCC DIVISION
UCC Search Report

The following represents a listing of the documentation you requested through a careful search of effective UCC filings recorded in the Office of the Secretary of State of California, licensed from the State or an independent third party and maintained in computerized form and available through our offices. Variations of the Name and Address of the search key may appear on this report as a result of the search findings and your individual request for that information. This report reflects records effective Dec. 03, 2002.

THIS DATA IS FOR INFORMATION PURPOSES ONLY. CERTIFICATION CAN ONLY BE OBTAINED THROUGH THE OFFICE OF THE CALIFORNIA SECRETARY OF STATE.

Because we cannot independently verify the accuracy of the public information maintained by the responsible government agency or other sources of this data, we make no guaranties, representations, or warranties as to the accuracy or completeness of this report. We cannot and do not accept any liability for errors or omissions.

State of California UCC Debtor Name Search results performed on the following Search Key :

Name - CORONA REGIONAL MED
Exp./Term. Liens - No

1. 9500760396 filed on Dec. 20, 1994 at 0800
expires on Dec. 20, 2004

Debtor CORONA REGIONAL MEDICAL CENTER
 800 S MAIN ST
 CORONA CA 91780

Debtor VISTA HOSPITAL SYSTEMS, INC.
 800 S MAIN ST
 CORONA CA 91780

Sec.Pty. U.S. BANK TRUST N.A. AS CUSTODIAN OR TRU
 STEE
 180 E FIFTH ST
 ST PAUL MN 55101

Assgnmnt #96032C0413 filed on Feb. 1, 1996

Assgnmnt #99177C0469 filed on June 23, 1999

Cont. #99207C0022 filed on July 20, 1999

2. 9634760027 filed on Dec. 11, 1996 at 0800
expires on Dec. 11, 2001

Debtor CORONA REGIONAL MEDICAL CENTER
 800 S MAIN ST
 CORONA CA 91720

Sec.Pty. SAFECO CREDIT CO. INC.
 SAFECO PLZ, A-BLDG
 SEATTLE WA 98185

3. 9705660166 filed on Feb. 18, 1997 at 0800
expires on Feb. 19, 2002

Debtor CORONA REGIONAL MEDICAL CENTER
 800 S MAIN ST
 CORONA CA 91720

Debtor VISTA HOSPITAL SYSTEMS, INC.
 800 S MAIN ST
 CORONA CA 91720

Sec.Pty. MITSUI VENDOR LEASING USA INC.

6363 GREENWICH DR, STR. 100
SAN DIEGO CA 92122

4. 9708060327 filed on Mar. 17, 1997 at 0800
expires on Mar. 18, 2002

Debtor CORONA REGIONAL MEDICAL CENTER
800 S MAIN ST
CORONA CA 91720

Sec.Pty. AT&T CAPITAL LEASING SERVICES, INC.
POB 9104
550 COCHITUATE RD
FRAMINGHAM MA 01701

5. 9720560252 filed on July 21, 1997 at 0800
expires on July 22, 2002

Debtor CORONA REGIONAL MEDICAL CENTER
800 S MAIN ST
CORONA CA 91720

Sec.Pty. ALCON LABORATORIES, INC.
6201 SOUTH FWY MAIL STOP S2-11
FORT WORTH TX 76134

Termin. #00152C0520 filed on May 24, 2000

6. 9731060104 filed on Oct. 31, 1997 at 0800
expires on Oct. 31, 2002

Debtor CORONA REGIONAL MEDICAL CENTER
800 S MAIN ST
CORONA CA 91720

Sec.Pty. HILL-ROM COMPANY, INC.
1069 STATE RT 46 E
BATESVILLE IN 47006

7. 9810660411 filed on Apr. 15, 1998 at 1553
expires on Apr. 15, 2003

Debtor CORONA REGIONAL MEDICAL CENTER
800 S MAIN ST
CORONA CA 91720

Debtor VISTA HOSPITAL SYSTEMS, INC
800 S MAIN ST
CORONA CA 91720

Sec.Pty. DADE INTERNATIONAL, INC.
POB 6101
BLDG 5201 MAILBOX 540 GLASGOW BUSINESS COMMUNITY
NEWARK DE 19702

Assignmt DADE FINANCIAL SERVICES
POB 6101
55 FEDERAL RD BLDG 5001 MAILBOX
DANBURY CT 06810

Other #98230C0228 filed on Aug. 17, 1998

8. 9817460647 filed on June 19, 1998 at 0800
expires on June 19, 2003

Debtor CORONA REGIONAL MED. CTR.
800 S. MAIN ST
CORONA CA 91720

Debtor VISTA HOSPITAL SYSTEMS, INC.
800 S. MAIN ST
CORONA CA 91720

Sec.Pty. SIEMENS CREDIT CORPORATION
991 U S HWY 22

BRIDGEWATER NJ 08807

9. 9817460652 filed on June 19, 1998 at 0800
expires on June 19, 2003

Debtor CORONA REGIONAL MKD. CTR.
800 S. MAIN ST
CORONA CA 91720

Debtor VISTA HOSPITAL SYSTEMS, INC.
800 S. MAIN ST
CORONA CA 91720

Sec.Pty. SIEMENS CREDIT CORPORATION
991 U S HWY 22
BRIDGEWATER NJ 08807

10. 9909860616 filed on Mar. 31, 1999 at 0800
expires on Mar. 31, 2004

Debtor CORONA REGIONAL MEDICAL CENTER
800 S MAIN ST
CORONA CA 91720

Debtor VISTA HOSPITAL SYSTEMS, INC. Tax#/SSN-770261419
800 S MAIN ST
CORONA CA 91720

Sec.Pty. GE/COLONIAL PACIFIC LEASING
13010 SW 68TH PKWY
PORTLAND OR 97223

11. 9931460317 filed on Nov. 1, 1999 at 0800
expires on Nov. 1, 2004

Debtor CORONA REGIONAL MEDICAL CENTER Tax#/SSN-770261419
800 S MAIN
CORONA CA

Sec.Pty. ALLEGIANCE HEALTHCARE CORPROATION
1450 WAUKEGAN RD MP BL-1
MCGAW PARK IL 60081

12. 0008160382 filed on Mar. 16, 2000 at 0800
expires on Mar. 16, 2005

Debtor CORONA REGIONAL MEDICAL CENTER Tax#/SSN-770261419
800 S MAIN ST
CORONA CA 91720

Debtor VISTA HOSPITAL SYSTEMS, INC. Tax#/SSN-770261419
800 S MAIN ST
CORONA CA 91720

Sec.Pty. U S BANK TRUST NATIONAL ASSOCIATION AS M
ASTER TRUSTEE
180 E 5TH ST
ST PAUL MN 55101

13. 0008760363 filed on Mar. 24, 2000 at 1141
expires on Mar. 24, 2005

Debtor CORONA REGIONAL MEDICAL CENTER
730 MAGNOLIA AVE
CORONA CA 91719

Debtor CORONA REGIONAL MEDICAL CENTER REHABILIT
ATION HOSPITAL
730 MAGNOLIA AVE
CORONA CA 91719

Debtor VISTA HOSPITAL SYSTEMS, INC. Tax#/SSN-770261419
800 S MAIN ST
CORONA CA 92882

Sec.Pty. HELLER HEALTHCARE FINANCE
2 WISCONSIN CR 4TH FL
CHEVY CHASE MD 20815

14. 0008760370 filed on Mar. 24, 2000 at 1141
expires on Mar. 24, 2005

Debtor ARROYO GRANDE COMMUNITY HOSPITAL
345 S HALCYON RD
ARROYO GRANDE CA 93420

Debtor CORONA REGIONAL MEDICAL CENTER
345 S HALCYON RD
ARROYO GRANDE CA 93420

Debtor VISTA HOSPITAL SYSTEMS, INC. Tax#/SSN-770261419
800 S MAIN ST
CORONA CA 92882

Sec.Pty. HELLER HEALTHCARE FINANCE
2 WISCONSIN CR 4TH FL
CHEVY CHASE MD 20815

15. 0010360274 filed on Apr. 6, 2000 at 0800
expires on Apr. 6, 2005

Debtor CORONA REGIONAL MEDICAL CENTER
800 S MAIN ST
CORONA CA 91720

Debtor VISTA HOSPITAL SYSTEMS, INC.
800 S MAIN ST
CORONA CA 91720

Sec.Pty. DVI FINANCIAL SERVICES, INC.
500 HYDE PK
DOYLESTOWN PA 18901

16. 0023160355 filed on Aug. 11, 2000 at 0800
expires on Aug. 11, 2005

Debtor CORONA REGIONAL MEDICAL CENTER
800 S MAIN ST
CORONA CA 92882

Debtor VISTA HOSPITAL SYSTEMS, INC.
800 S MAIN ST
CORONA CA 92882

Sec.Pty. ACUSON CORPORATION
450 E ST STE 1600
SAN DIEGO CA 92101

17. 0107160659 filed on Mar. 7, 2001 at 0800
expires on Mar. 7, 2006

Debtor CORONA REGIONAL MEDICAL CENTER
800 S MAIN ST
CORONA CA 92882

Sec.Pty. BAYER CORPORATION
115 NORWOOD PARK S
NORWOOD MA 02062

18. 0109560568 filed on Mar. 30, 2001 at 0800
expires on Mar. 30, 2006

Debtor CORONA REGIONAL MEDICAL CENTER
800 S MAIN ST
CORONA CA 92882

Debtor VISTA HOSPITAL SYSTEMS, I NC.
800 S MAIN ST
CORONA CA 92882

Sec.Pty. AMERICAN EXPRESS BUSINESS FINANCE CORPOR
ATION
1851 EFIRST STE 600
SANTA ANA CA 92705

Other #02112C0746 filed on Apr. 22, 2002

[End of report]

The FINANCING STATEMENT is presented for filing and will remain effective with certain exceptions for a period of five years from the date of filing pursuant to section 9403 of the California Uniform Commercial Code.

1. DEBTOR (LAST NAME FIRST--IF AN INDIVIDUAL) Vieta Hospital Systems, Inc. RAJIA Corona Regional Medical Center		1A SOCIAL SECURITY OR FEDERAL TAX NO	
1B MAILING ADDRESS 800 South Main Street		1C CITY STATE Corona, CA	1D ZIP CODE 91780
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST--IF AN INDIVIDUAL)		2A SOCIAL SECURITY OR FEDERAL TAX NO	
2B MAILING ADDRESS		2C CITY STATE	2D ZIP CODE
3. DEBTOR'S TRADE NAMES OR STYLES (IF ANY) Corona Regional Medical Center		3A FEDERAL TAX NUMBER	
4 SECURED PARTY NAME Medical Equipment Finance Company MAILING ADDRESS 2 Walnut Grove Drive, Ste 200 CITY Horsham STATE PA ZIP CODE 19044		4A SOCIAL SECURITY OR FEDERAL TAX NO OF BANK TRANSIT AND A.C.E. NO	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME National Westminster Bank USA, as Agent MAILING ADDRESS One Park Plaza, Ste 800 CITY Irvine STATE CA ZIP CODE 92714		5A SOCIAL SECURITY OR FEDERAL TAX NO OF BANK TRANSIT AND A.C.E. NO	

6. This FINANCING STATEMENT covers the following types or items of property (include description of real property on which located and owner of record when required by instruction 4).

Refer to the attached Exhibit "A" which by this reference is made a part hereof.

0000178-001

7. CHECK IF APPLICABLE <input checked="" type="checkbox"/>	7A <input type="checkbox"/> PRODUCTS OF COLLATERAL ARE ALSO COVERED	7B. DEBTOR(S) SIGNATURE NOT REQUIRED IN ACCORDANCE WITH INSTRUCTION 5 (1) ITEM <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4)
8. CHECK IF APPLICABLE <input checked="" type="checkbox"/>	<input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH UCC (8105 (1) (A))	



SIGNATURE OF DEBTOR: Vieta Hospital Systems, Inc. D/B/A Corona Regional Medical Center TYPE OR PRINT NAME OF DEBTOR: SIGNATURE OF SECURED PARTY: Medical Equipment Finance Company TYPE OR PRINT NAME OF SECURED PARTY: 11 Return copy to: NAME ADDRESS Medical Equipment Finance Company CITY 2 Walnut Grove Drive, Ste 200 STATE Horsham, PA 19044 ZIP CODE	10. THIS SPACE FOR USE OF FILING OFFICER (DATE, TIME, FILE NUMBER AND FILING OFFICER)
	9500760396
	
	
	FILED
	ENCLAVEMENTO CR
	DEC 20 1984 AT 0900
	TEN. HILF, ACTING
	CLERK, OF STATE
	APPROVED BY THE SECRETARY OF STATE

EXHIBIT "A"
TO
UCC FINANCING STATEMENT
BY AND BETWEEN
MEDICAL EQUIPMENT FINANCE COMPANY ("SECURED PARTY")
AND
VISTA HOSPITAL SYSTEMS, INC.
D/E/A CORONA REGIONAL MEDICAL CENTER ("DEBTOR")

DEBTOR HEREBY GRANTS TO SECURED PARTY A SECURITY INTEREST IN THE EQUIPMENT LISTED BELOW AS DESCRIBED IN LEASE AGREEMENT #0000178-001. ALL OF DEBTOR'S RIGHT, TITLE AND INTEREST IN AND TO THE FOLLOWING:

PHILIPS MEDICAL SYSTEMS

One Philips Tomoscan SR 4000 preferred CT System w/ Volumetric Scanning package consisting of: Scanning Gantry Unit, Patient Support, X-Ray Generator System, Operator Console, Patient Positioning Accessories, System Phantoms, Step Down Transformer, Volumetric Scanning Package, Autovoice, Direct Coronal Headholder, 3M Laser Imager (refurbished) model 9831 Single input imager, TOGETHER WITH ALL PARTS, ACCESSORIES, ATTACHMENTS, ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSTITUTIONS INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL PROCEEDS OF THE FOREGOING INCLUDING, WITHOUT LIMITATION, INSURANCE RECOVERIES.

THE DEBTOR HAS NO POWER OR RIGHT TO SELL, SUBLEASE OR OTHERWISE DISPOSE OF THE EQUIPMENT LISTED ABOVE OR ASSIGN ANY RIGHT, TITLE OR INTEREST THEREIN.

9500760396

This STATEMENT is presented for filing pursuant to the California Uniform Commercial Code

1. FILE NO. OF ORIG. FINANCING STATEMENT 9500760396	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT 12/20/94	1B. DATE OF ORIG. FINANCING STATEMENT	1C. PLACE OF FILING ORIG. FINANCING STATEMENT SOS CA
2. DEBTOR (LAST NAME FIRST) Vista Hospital Systems, Inc.			2A. SOCIAL SECURITY NO., FEDERAL TAX NO.
2B. MAILING ADDRESS 800 South Main Street		2C. CITY, STATE Corona CA	2D. ZIP CODE 91780
3. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)			3A. SOCIAL SECURITY OR FEDERAL TAX NO.
3B. MAILING ADDRESS		3C. CITY, STATE	3D. ZIP CODE
4. SECURED PARTY NAME: National Westminster Bank USA, as Agent MAILING ADDRESS: 888 One Park Plaza Suite 800 Irvine CA 92714 CITY: STATE: ZIP CODE:			4A. SOCIAL SECURITY NO., FEDERAL TAX NO., OR BANK TRANSIT AND A.B.A. NO.
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME: The First National Bank of Chicago, as Agent MAILING ADDRESS: One First National Plaza Chicago, IL 60670-0594 CITY: STATE: ZIP CODE:			5A. SOCIAL SECURITY NO., FEDERAL TAX NO., OR BANK TRANSIT AND A.B.A. NO.
6. <input type="checkbox"/> CONTINUATION—The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, check here <input type="checkbox"/> and insert description of real property on which growing or to be grown in Item 7 below.			
<input type="checkbox"/> RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 7 below.			
<input checked="" type="checkbox"/> ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 7 below.			
<input type="checkbox"/> TERMINATION—The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.			
<input type="checkbox"/> AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 7 below. (Signature of Debtor required on all amendments.)			
<input type="checkbox"/> OTHER			

7. Secured party assigns all of its rights in all of the collateral in the original financing statement bearing the file number shown above to:
The First National Bank of Chicago, as Agent
One First National Plaza
Chicago, IL 60670-0594

000178-001

COUNTER RECEIPT

8. (Date) _____ 19__	C O D E	9. This Space for Use of Filing Officer (Date, Time, Filing Office)
2. SIGNATURE(S) OF DEBTOR(S) _____ (TITLE)		1 96032C0419
3. SIGNATURE(S) OF SECURED PARTY(S) _____ (TITLE)		2
3. National Westminster Bank USA, as Agent _____ (TITLE)		3
3. _____ (TITLE)		4
3. _____ (TITLE)	5	
3. _____ (TITLE)	6	
3. _____ (TITLE)	7	
3. _____ (TITLE)	8	
3. _____ (TITLE)	9	

FILED
SACRAMENTO, CA
FEE 01 1995 41 1115

BILL JONES
SECRETARY OF STATE

10-767-8

RECORDS & DOCUMENT SERVICES
210 NINTH STREET
SUITE B
SACRAMENTO, CA 95811

(1) Filing Fee _____

STANDARD FORM—FILING FEE

UNIFORM COMMERCIAL CODE—FORM UCC 2

Approved by the Secretary of State

This STATEMENT is presented for filing pursuant to the California Uniform Commercial Code

0090562012831000

1. FILING OF ORIGINAL FINANCING STATEMENT 1A. DATE OF FILING OF ORIGINAL FINANCING STATEMENT 1B. DATE OF ORIGINAL FINANCING STATEMENT 1C. PLACE OF FILING ORIGINAL FINANCING STATEMENT

9500760396 12/20/94 CALIFORNIA

2. DEBTOR (LAST NAME & FIRST) VISTA HOSPITAL SYSTEMS, INC

2A. SOCIAL SECURITY NO. FEDERAL TAX NO.

2B. BILLING ADDRESS 800 SOUTH MAIN STREET 2C. CITY STATE CORONA, CA 2D. ZIP CODE 91780

1. ADDITIONAL DEBTOR (LAST NAME & FIRST) CORONA REGIONAL MEDICAL CENTER 3A. SOCIAL SECURITY OR FEDERAL TAX NO.

2B. BILLING ADDRESS 3D. ZIP CODE

4. SECURED PARTY THE FIRST NATIONAL BANK OF CHICAGO. 4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.

NAME (AGENT) ONE FIRST NATIONAL PLAZA CHICAGO ILL. ZIP CODE 60670-0594

5. ASSIGNEE OF SECURITY INTEREST U.S. BANK TRUST N.A. AS CUSTODIAN OR TRUSTEE 5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.

NAME 180 E. FIFTH STREET ST. PAUL MN 55101 5A. 41-0257700

COUNTER RECEIPT

- 6. a. CONTINUATION- The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, check here and insert description of real property on which growing or to be grown in item 7 below.
- b. RELEASE- From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in item 7 below.
- c. x. ASSIGNMENT- The Secured Party certifies that the Secured Party has assigned to the Assignee above named, the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in item 7 below.
- d. TERMINATION- The Secured Party certifies that the Secured Party no longer claims a security interest under Financing Statement bearing the file number shown above.
- e. AMENDMENT- The Financing Statement bearing the file number shown above is amended as set forth in item 7 below. (Signatures of Debtor required on all amendments.)
- f. OTHER Assignment

7. U.S. BANK TRUST N.A.
AS CUSTODIAN OR TRUSTEE
180 E. FIFTH STREET
ST. PAUL, MN 55101

FULL ASSIGNMENT - ALL COLLATERAL ON ORIGINAL FINANCING STATEMENT

Dist 0041-29

178-001 DATE

VISTA HOSPITAL SYSTEMS, INC



SIGNATURES OF DEBTOR(S) THE FIRST NATIONAL BANK OF CHICAGO (TITLE)

SIGNATURES OF SECURED PARTY(IES) First VP (TITLE)

LEXIS Document Services 920 11th Street Suite B Sacramento, CA 95814 30-331-3282 18-905-6717

9. The Same Use of Filing Office (Don't Use Filing Office)

99177C0469

FILED
SACRAMENTO, CA
JUN 29, 1999 AT 1147
BILL JONES
SECRETARY OF STATE

(8) FILING OFFICER COPY

This STATEMENT is presented for filing pursuant to the California Uniform Commercial Code

000002013000000

SOS C.A

1. FILE NO. OF ORIG. FINANCING STATEMENT: 0000700305
 1A. DATE OF ORIG. FINANCING STATEMENT: 12/20/84
 1B. DATE OF ORIG. FINANCING STATEMENT: [blank]
 1C. STATE OF FILING ORIG. FINANCING STATEMENT: CALIFORNIA
 2A. SOCIAL SECURITY NO., FEDERAL TAX NO. [blank]

2. DEBTOR (LAST NAME FIRST): VISTA HOSPITAL SYSTEMS, INC.
 2B. SOCIAL SECURITY NO., FEDERAL TAX NO. [blank]

3. MAILING ADDRESS: 800 SOUTH MAIN STREET
 3C. CITY, STATE: CORONA, CA
 3D. ZIP CODE: 91780

4. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST): CORONA REGIONAL MEDICAL CENTER
 4A. SOCIAL SECURITY OR FEDERAL TAX NO. [blank]

5. MAILING ADDRESS: 800 SOUTH MAIN STREET
 5C. CITY, STATE: CORONA, CA
 5D. ZIP CODE: 91780

6. SECURED PARTY: U.S. Bank Trust N.A. as Custodian or Trustee
 6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. [blank]

MAILING ADDRESS: 100 E. Fifth Street
 CITY: St. Paul
 STATE: MN
 ZIP CODE: 55101

7. ASSIGNEE OF SECURED PARTY (IF ANY): [blank]
 7A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. [blank]

MAILING ADDRESS: [blank]
 CITY: [blank]
 STATE: [blank]
 ZIP CODE: [blank]

8. **CONFIRMATION**- The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is confirmed. If collateral is crops or timber, check here on which growing or to be grown in item 7 below.

RELEASE- From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in item 7 below.

ASSIGNMENT- The Secured Party certifies that the Secured Party has assigned to the Assignee above named, the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in item 7 below.

TERMINATION- The Secured Party certifies that the Secured Party no longer claims a security interest under Financing Statement bearing the file number shown above.

AMENDMENT- The Financing Statement bearing the file number shown above is amended as set forth in item 7 below. (Signature of Debtor required on all amendments.)

OTHER Court Inventory

A4678

8. VISTA HOSPITAL SYSTEMS, INC. (DATE) [blank]
 9. DEBTOR'S SOCIAL SECURITY NO. (MILE) [blank]
 U.S. Bank Trust N.A. as Custodian or Trustee 178-001 (MILE)
 SOS CA
 10. SECURED PARTY'S SOCIAL SECURITY NO. (MILE) [blank]

Return Copy to

LEXIS Document Services
 1029 J Street
 Suite 100
 Sacramento, CA 95814
 331-3282
 806-4717

99207C0022



FILED
 SACRAMENTO, CA
 JUL 28, 1989 AT 1134
 BILL JONES
 SECRETARY OF STATE

(1) FILING OFFICER (LAF)

is prescribed for filing and will remain effective with certain exceptions for a period of five years from the date of filing pursuant to section 9403 of the California Uniform Commercial Code

1-27-91

00479

1 LESSOR NAME (FIRST & LAST)
Corony Regional Medical Center

1B MAILING ADDRESS
800 South Main Street

1C CITY STATE ZIP CODE
Corona CA 91720

2 SOCIAL SECURITY OR FEDERAL TAX NO

2B SOCIAL SECURITY OR FEDERAL TAX NO

2C SOCIAL SECURITY OR FEDERAL TAX NO

2D SOCIAL SECURITY OR FEDERAL TAX NO

2E SOCIAL SECURITY OR FEDERAL TAX NO

2F SOCIAL SECURITY OR FEDERAL TAX NO

2G SOCIAL SECURITY OR FEDERAL TAX NO

2H SOCIAL SECURITY OR FEDERAL TAX NO

2I SOCIAL SECURITY OR FEDERAL TAX NO

2J SOCIAL SECURITY OR FEDERAL TAX NO

2K SOCIAL SECURITY OR FEDERAL TAX NO

2L SOCIAL SECURITY OR FEDERAL TAX NO

2M SOCIAL SECURITY OR FEDERAL TAX NO

2N SOCIAL SECURITY OR FEDERAL TAX NO

2O SOCIAL SECURITY OR FEDERAL TAX NO

2P SOCIAL SECURITY OR FEDERAL TAX NO

2Q SOCIAL SECURITY OR FEDERAL TAX NO

2R SOCIAL SECURITY OR FEDERAL TAX NO

2S SOCIAL SECURITY OR FEDERAL TAX NO

2T SOCIAL SECURITY OR FEDERAL TAX NO

2U SOCIAL SECURITY OR FEDERAL TAX NO

2V SOCIAL SECURITY OR FEDERAL TAX NO

2W SOCIAL SECURITY OR FEDERAL TAX NO

2X SOCIAL SECURITY OR FEDERAL TAX NO

2Y SOCIAL SECURITY OR FEDERAL TAX NO

2Z SOCIAL SECURITY OR FEDERAL TAX NO

4 LESSOR NAME
Safeco Credit Co Inc

4B MAILING ADDRESS
Safeco Plaza, A - Bldg

4C CITY STATE ZIP CODE
Seattle WA 98185

4D SOCIAL SECURITY NO FEDERAL TAX NO OR BANK TRANSIT AND ABA NO
61-0840847

5 ASSIGNEE OF LESSOR NAME

5B MAILING ADDRESS

5C CITY STATE ZIP CODE

5D SOCIAL SECURITY NO FEDERAL TAX NO OR BANK TRANSIT AND ABA NO

6 THE FINANCING STATEMENT covers the following types or items of property (include description of real property on which located and owner of record when required by instruction 4)

One (1) 1996 Marathon RJ-250SC trash compactor s/n 91163 This statement is filed in connection with a lease transaction and is filed for precautionary purposes only "Lease No /Application No " 17067

7 CHECK IF APPLICABLE 7A PRODUCTS OF COLLATERAL ARE ALSO COVERED

7B LESSEE/S SIGNATURE NOT REQUIRED IN ACCORDANCE WITH INSTRUCTION 5a ITEM

(1) (2) (3) (4)

8 CHECK IF APPLICABLE DEBTOR IS A TRANSMITTING UTILITY IN ACCORDANCE WITH UCC SECTION 9103 (1)(b)

9 **Attorney-in-fact**

10 THIS SPACE FOR USE OF FILING OFFICER (DATE, TIME, FILE NUMBER AND FILING OFFICER)

9634760027

11B TYPE OR PRINT NAME(S) OF LESSEES

Corony Regional Medical Center

11C SIGNATURE OF LESSEES

Safeco Credit Co Inc

ATTORNEY-IN-FACT

11D TYPE OR PRINT NAME(S) OF LESSEES

11E RETURN COPY TO

NAME **Data File Services, Inc**

ADDRESS **P.O Box 275**

CITY **Van Nuys**

STATE **CA**

ZIP CODE **91408-0275**

FILED
 SACRAMENTO, CA
 DEC 11, 1996 AT 0800
 BILL JONES
 SECRETARY OF STATE

9705660166



878874-41-1

80450

FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A NAME & TEL # OF CONTACT AT FILER (optional) B FILING OFFICE ACCT # (optional)

C RETURN COPY TO (Name and Mailing Address):

Delta File Services, Inc
 P O Box 276
 Van Nuys, CA 91405-0276

FILED
 SACRAMENTO CA
 FEB 18 1997 AT 0800
 BILL JONES
 SECRETARY OF STATE

D OPTIONAL DESIGNATION OF APPLICABLE X 1 (MORTGAGE) 2 (CONSUMER-COMMERCIAL) 3 (NON-UCR FILING)

1 DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) FILED WITH California

1a ENTITY'S NAME
 Vista Hospital Systems, Inc.

OR

1b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE
 800 South Main Street Corona CA 91720

1d S S OR TAX ID # OPTIONAL 1e TYPE OF ENTITY 1f ENTITY'S STATE OR COUNTRY OF ORGANIZATION 1g ENTITY'S ORGANIZATIONAL ID # (any) NONE
 ADDN. INFO RE ENTITY DEBTOR ORGANIZATION

2 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a ENTITY'S NAME
 Corona Regional Medical Center

OR

2b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE
 800 South Main Street Corona CA 91720

2d S S OR TAX ID # OPTIONAL 2e TYPE OF ENTITY 2f ENTITY'S STATE OR COUNTRY OF ORGANIZATION 2g ENTITY'S ORGANIZATIONAL ID # (any) NONE
 ADDN. INFO RE ENTITY DEBTOR ORGANIZATION

3 SECURED PARTY'S (ORIGINAL SP OR ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a ENTITY'S NAME
 United Vendor Leasing USA Inc

OR

3b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE
 6333 Greenwich Drv., Ste 100 San Diego CA 92122

4 This FINANCING STATEMENT covers the following types of items of property:

(1) Acuson Computed Sonography 128 XP/10 & Option "Leased or sold under that certain lease or security agreement dated 1/28/97 between Secured Party and Debtor, including any additions, attachments, accessions and accessions thereto and any substitutions, replacements and upgrades thereof and all proceeds" Equipment/Lease No 21-0165674-001

5 CHECK The FINANCING STATEMENT is signed by the Secured Party (as agent of the Debtor) to perfect a security interest. 7 If filed in foreign jurisdictions: (a) in another foreign jurisdiction is a security interest in another jurisdiction when it was brought into the state or when the Debtor's location was changed; or (b) in accordance with other jurisdiction's provisions additional data may be required. Documentary Stamp tax used X Documentary Stamp tax not applicable

6 REQUIRED SIGNATURE(S)
 Vista Hospital Systems, Inc
 ATTORNEY-IN-FACT

Signing for: *[Signature]*

8 This FINANCING STATEMENT is to be filed (not recorded) in the REAL ESTATE RECORDS. Attach Affidavit (if applicable)

9 Check to REQUEST SEARCH CERTIFICATE(S) on DebtLof(s) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

9708060327



90022-41-1

50931

FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY

The Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A NAME & TEL # OF CONTACT AT FILER'S OFFICE (optional) **B FILER'S OFFICE ACCT # (optional)**

C RETURN COPY TO (Name and Mailing Address):

Data File Services, Inc
 P O Box 275
 Van Nuys, CA 91406-0275

FILED
 SACRAMENTO, CA
 MAR 17, 1997 AT 0800

BILL JONES
 SECRETARY OF STATE

OPTIONAL, DE NOTATION of financing LEASE/LEASE COMBINATION/COMBINATION NON-UCC FILING

1 DEBTOR'S EXACT FULL LEGAL NAME (insert only one debtor name (1a or 1b)) FILED WITH California

1a ENTITY'S NAME
 CORONA REGIONAL MEDICAL CENTER

OR

1b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c MAILING ADDRESS
 800 SOUTH MAIN STREET CITY CORONA STATE COUNTRY POSTAL CODE
 CA CA 91720

1d S.S. OR TAX ID# **OPTIONAL** **1e TYPE OF ENTITY** **1f ENTITY'S STATE OR COUNTRY OF ORGANIZATION** **1g ENTITY'S ORGANIZATIONAL ID # (any)**
 ADDITIONAL INFO RE ENTITY DEBTOR NONE

2 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) Equipment/Lease No. 00512077

2a ENTITY'S NAME

OR

2b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE

2d S.S. OR TAX ID# **OPTIONAL** **2e TYPE OF ENTITY** **2f ENTITY'S STATE OR COUNTRY OF ORGANIZATION** **2g ENTITY'S ORGANIZATIONAL ID # (any)**
 ADDITIONAL INFO RE ENTITY DEBTOR NONE

3 SECURED PARTY'S (ORIGINAL SP OR ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a ENTITY'S NAME
 AT&T Capital Leasing Services, Inc

OR

3b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE
 850 Cochran Rd PO Box 9104 Framingham MA 01701

4 THIS FINANCING STATEMENT covers the following items or items of property:

001 NOVA 18 ANALYZER WITH PRINTER This transaction is a true lease and is not intended by the parties as a secured transaction. Filing is only intended to make the true lease a matter of public record. The lessor is the owner of such property including all accessories, attachments, additions and any substitutions of similar equipment types, and the lessee has no rights, express or implied, to sell, exchange, encumber or otherwise dispose of such property.

Equipment/Lease No: 00512077

5 CHECK The FINANCING STATEMENT is being
 BY (a) a debtor already subject to a UCC
 (if applicable) debtor's interest and assigned to the filer

6 INCORPORATED BY REFERENCE
 CORONA REGIONAL MEDICAL CENTER
 Attorney-in-fact

7a Debtor to perfect & identify property / **7b Item in / or all (check one)**
 when it was brought into the state or when the
 regulatory provisions (additional data may be required) Documentary stamp tax paid Documentary stamp tax not applicable

8 The FINANCING STATEMENT is to be filed (for record) (or necessary in the REAL ESTATE RECORDS)
 Attach Additional (if applicable)

9 Check to REQUEST SEARCH CERTIFICATE(S) BY DEBTOR(S) (ADDITIONAL FEE.)
 (optional) All Debtors Debtor 1 Debtor 2

9720560252



113887-40-1

90186 Alcon Labo

FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A NAME & TEL # OF CONTACT AT FILER (optional) B FILING OFFICE ACCT # (optional)

C RETURN COPY TO (Name and Mailing Address)

Deals Filing Services
P.O. Box 276
Van Nuys, CA 91408-0276

D OPTIONAL DESIGNATION IF APPLICABLE LESSEE/LESSEE COVENANTOR/COVENANTOR NON UCC FILER

FILED
SACRAMENTO, CA
JUL 21, 1997 AT 0800
BILL JONES
SECRETARY OF STATE

1 DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) FILED WITH CALIFORNIA

1a ENTITY'S NAME
CORONA REGIONAL MEDICAL CENTER

OR 1b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE
800 SOUTH MAIN STREET CORONA CA 91720

1d SS OR TAX ID # OPTIONAL 1e TYPE OF ENTITY 1f ENTITY'S STATE OR COUNTRY OF ORGANIZATION 1g ENTITY'S ORGANIZATIONAL ID # if any NONE

2 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a ENTITY'S NAME

OR 2b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE

2d SS OR TAX ID # OPTIONAL 2e TYPE OF ENTITY 2f ENTITY'S STATE OR COUNTRY OF ORGANIZATION 2g ENTITY'S ORGANIZATIONAL ID # if any NONE

3 SECURED PARTY'S (ORIGINAL OR OR ITS TOTAL ASSIGNOR'S) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a ENTITY'S NAME
Alcon Laboratories, Inc

OR 3b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE
6201 South Freeway
Mail Stop S2-11 Fort Worth TX 76134

4 THIS FINANCING STATEMENT covers the following types of goods or property

1 STTL - SERIES TWENTY THOUSAND LEGACY, 1 STTO-VM-D, SERIES TEN THOUSAND OCUTOME (OEMO) W/ACCESSORIES - \$68,500.00

5 CHECK This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest If filed in Florida (check one) Documentary stamp Documentary stamp
 Debtor Debtor's location was changed to the state of CA; it accords to all other statutory provisions (additional data may be required); Stamp fee paid No fee applicable

CORONA REGIONAL MEDICAL CENTER
ATTORNEY-IN-FACT

6 THE FINANCING STATEMENT is to be filed (for record) (or recorded in the REAL ESTATE RECORDS) (if applicable)

7 Check to REQUEST SEARCH (CERTIFICATE(S) on Debtor(s) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

This STATEMENT is presented for filing pursuant to the California Uniform Commercial Code 90150 ALCON

1. FILING NUMBER: 9720560252
1A. DATE OF FILING OF ORIGINAL FINANCING STATEMENT: 07-21-97

1B. DATE OF REVISED FINANCING STATEMENT
1C. COUNTY OF FILING: California

2. DEBTOR'S NAME: CORONA REGIONAL MEDICAL CENTER

2A. FEDERAL TAX ID NUMBER

2B. MAILING ADDRESS: 800 SOUTH MAIN STREET

2C. CITY STATE: CORONA CA

2D. ZIP CODE: 91720

3. ADDITIONAL PARTY OR PARTY LAST NAME FIRST

3A. FEDERAL TAX ID NUMBER

3B. MAILING ADDRESS

3C. CITY STATE

3D. ZIP CODE

4. SECURED PARTY: Alcon Laboratories, Inc

4A. FEDERAL TAX ID NUMBER

MAILING ADDRESS: 6201 South Freeway Mail Stop S2-11
Fort Worth TX

ZIP CODE: 76134

5. ASSIGNEE OF SECURED PARTY

5A. FEDERAL TAX ID NUMBER

NAME
MAILING ADDRESS

STATE

ZIP CODE

- 6. a. CONTINUATION- The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, check here and insert description of real property on which growing or to be grown in item 7 below.
- b. RELEASE- From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in item 7 below.
- c. ASSIGNMENT- The Secured Party certifies that the Secured Party has assigned to the Assignee above named, the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in item 7 below.
- d. X TERMINATION- The Secured Party certifies that the Secured Party no longer claims a security interest under Financing Statement bearing the file number shown above.
- e. AMENDMENT- The Financing Statement bearing the file number shown above is amended as set forth in item 7 below. (Signature of Debtor required on all amendments.)
- f. OTHER

8. CORONA REGIONAL MEDICAL CENTER
DEBTOR SIGNATURE NOT REQUIRED

DATE

5/22/00

9. THIS SPACE RESERVED FOR OTHER FILING INFORMATION

00152C0520

By

SIGNATURE OF DEBTOR(S)

Alcon Laboratories, Inc
ATTORNEY-IN-FACT

TITLE

By

TITLE



10. Return Copy to

NAME: UCC Direct Services
ADDRESS: P.O. Box 29071
CITY AND STATE: Glendale CA
91209-9071

Phone: (800) 331-3282
Fax: (818) 662-4141

FILED
SACRAMENTO, CA
MAY 24, 2000 AT 0800
BILL JONES
SECRETARY OF STATE

THIS SPACE FOR USE OF DEBTOR

9731060104



FINANCING STATEMENT — FOLLOW INSTRUCTIONS CAREFULLY

The Financing Statement is prepared for filing pursuant to the Uniform Commercial Code and applicable provisions, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)		B. FILING OFFICE ACCT # (optional)	
C. RETURN COPY TO (Name and Mailing Address)			
Hoagy Wright 1069 State Route 46 East Batesville, IN 47006			
D. OPTIONAL DESIGNATION (if applicable)	LESSOR/LIBEE	CONSIGNEE/CONSIGNEE	NON-UCC FILING

FILED
SACRAMENTO CA
OCT 31 1997 AT 0800

BILL JONES
CLERK OF STATE

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME Corona Regional Medical Center			
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
1c. MAILING ADDRESS 800 S. Main Street		CITY Corona	STATE COUNTRY POSTAL CODE CA USA 91720
1d. SS OR TAX ID #	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR	1e. TYPE OF ENTITY	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION
			1g. ENTITY'S ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME			
OR	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
2c. MAILING ADDRESS		CITY	STATE COUNTRY POSTAL CODE
2d. SS OR TAX ID #	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION
			2g. ENTITY'S ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

3. SECURED PARTY'S (OR PARTIAL S.P. OR ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME Hill-Rox Company, Inc.			
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
3c. MAILING ADDRESS 1069 State Route 46 East		CITY Batesville	STATE COUNTRY POSTAL CODE IN USA 47006

4. This FINANCING STATEMENT covers the following types or items of property
Hospital furniture and equipment including but not limited to the hospital furniture and equipment described below, which is to be shipped to debtor by secured party under order #'s: F-8594, F-8682, J-2735, J-2777 & G-2821.

- 48 Remanufactured #840 Beds
- 4 LTC Resident Beds w/ Specified Options
- 1 Demo LTC Resident bed w/ specified options already in-house at Rehab
- 6 Reconditioned Affinity Birthing Beds
- 48 SideCom Communications for #8400B Beds
- 4 Head & Foot Panels for #870B Beds
- 2 Century Critical Care Beds w/ DynamicAire Surface
- 6 Calf Supports

5. CHECK This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest in an asset already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's domicile or location was changed to this state, or is a continuation with other statutory provisions (Article 9), this box may be checked.

If Case or Florida Check and Documentary Stamp (same fee paid) Documentary stamp fee not applicable

6. REQUIRED SIGNATURE OF
Corona Regional Medical Center

7. This FINANCING STATEMENT is to be filed (for record) in recorded in the PUBLIC STATE RECORDS
Attach Address, if applicable

8. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR'S ADDITIONAL FEES: All Debtors Debtor 1 Debtor 2 (omit small)

This FINANCING STATEMENT is presented for filing and will remain effective with certain exceptions for a period of five years from the date of filing pursuant to section 9403 of the California Uniform Commercial Code.

1. DEBTOR (LAST NAME FIRST—IF AN INDIVIDUAL) Vista Hospital Systems, Inc		1A. SOCIAL SECURITY OR FEDERAL TAX NO	
1B. MAILING ADDRESS 800 South Main Street		1C. CITY, STATE Corona	1D. ZIP CODE CA 91720
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST—IF AN INDIVIDUAL) Corona Regional Medical Center		2A. SOCIAL SECURITY OR FEDERAL TAX NO	
2B. MAILING ADDRESS 800 South Main Street		2C. CITY, STATE Corona	2D. ZIP CODE CA 91720
3. DEBTOR'S TRADE NAMES OR STYLES (IF ANY)		3A. FEDERAL TAX NUMBER	
4. SECURED PARTY NAME: Dade International, Inc. MAILING ADDRESS: 600 S. G. / MARKET ST. / P.O. BOX 6101 CITY: Newark STATE: DE ZIP CODE: 19702 GLASGOW BUSINESS COMMUNITY		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRUST AND A & S NO	
5. ASSIGNEE OF SECURED PARTY NAME: Dade Financial Services MAILING ADDRESS: 55 Federal Road CITY: Danbury STATE: CT ZIP CODE: 06811		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRUST AND A & S NO	

6. This FINANCING STATEMENT covers the following types or items of property (include description of real property on which located and owner of record when required by instruction 4).
(2)DIM RXL, (1)Heterogenous, (2)SSA and (1)Paramax financed pursuant to that certain Agreement between Vista Hospital Systems, Inc, dba Corona Regional Medical Center and Dade International Inc., account number 7040717-001 and all related schedules as further described on the attached exhibit annexed hereto and made a part hereof.

COUNTER REC 13

1 ex pg

7. CHECK IF APPLICABLE <input checked="" type="checkbox"/>	7A. <input type="checkbox"/> PRODUCTS OF COLLATERAL ARE ALSO COVERED	7B. DEBTOR(S) SIGNATURE NOT REQUIRED IN ACCORDANCE WITH INSTRUCTION 5 (a) ITEM: <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4)
8. CHECK IF APPLICABLE <input checked="" type="checkbox"/>	<input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH UCC § 9108 (1) (a)	

9. SIGNATURE(S) OF DEBTOR(S) Vista Hospital Systems, Inc dba Corona Regional Medical Center		10. THIS SPACE FOR USE OF FILING OFFICER (DATE, TIME, FILE NUMBER AND FILING OFFICER)
TYPE OR PRINT NAME		
SIGNATURE(S) OF SECURED PARTY(IES) DADE FINANCIAL SERVICES		
TYPE OR PRINT NAME(S) OF SECURED PARTY(IES)		
11. Return copy to: NAME: LENS Document Services ADDRESS: 921 11th Street CITY: Suite B STATE: Sacramento, CA 95814 ZIP CODE: P6-0000-767-8		<p>1 9810660411</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>0</p> <p>FILED SACRAMENTO, CA APR 15, 1998 AT 1553 BILL JONES SECRETARY OF STATE</p>

FORM UCC 1-1 Approved by the Secretary of State

(1) FILING OFFICER COPY

F1521242-13

EXHIBIT A

ACCOUNT # 7040717-001

This is to record a true lease transaction between:

Vista Hospital Systems, Inc. as Lessee
and DADE FINANCIAL SERVICES as Lessor covering all equipment pursuant to
that certain agreement whether new or used, presently owned or hereafter
acquired, and any and all additions, attachments, accessories and accessions
thereto, and any and all substitutions, replacements or exchanges therefor,
(collectively, the "Equipment"), together with all proceeds of the sales or other
disposition thereof. Lessee is not authorized to sell or dispose of any of the
Equipment. This financing statement is being filed solely as a precaution, if,
contrary to the intention of the parties described above as Lessee and Lessor, the
transaction relating to the Equipment is deemed to be other than a lease.

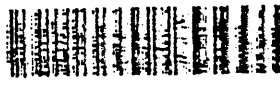

9810660411

This STATEMENT is presented for filing pursuant to the California Uniform Commercial Code

1. FILE NO. OF ORIG. FINANCING STATEMENT 9810660411	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT 04-15-98	1B. DATE OF ORIG. FINANCING STATEMENT	1C. PLACE OF FILING ORIG. FINANCING STATEMENT MORONG, CA 91720
2. DEBTOR (LAST NAME FIRST) Vista Hospital Systems, Inc. Vista Corona Regional Medical Center		2A. SOCIAL SECURITY NO. FEDERAL TAX NO.	
2B. MAILING ADDRESS 300 South Main Street		2C. CITY, STATE Corona, CA	2D. ZIP CODE 91720
3. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Corona Regional Medical Center		3A. SOCIAL SECURITY OR FEDERAL TAX NO.	
3B. MAILING ADDRESS Same as above		3C. CITY, STATE	3D. ZIP CODE
4. SECURED PARTY NAME Dade Banking Inc. International. MAILING ADDRESS Glasgow Business Community CITY NEWARK NEWARK STATE NJ ZIP CODE 07102		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.S.A. NO.	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME Dade Banking Financial Services MAILING ADDRESS 55 Federal Road CITY NEWARK DANBURY STATE CT ZIP CODE 06811		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.S.A. NO.	
6. <input type="checkbox"/> CONTINUATION—The original Financing Statement bearing the file number and date shown above is continued. If collateral is crops or timber, check here <input type="checkbox"/> and insert description of real property on which growing or to be grown in Item 7 below.			
<input type="checkbox"/> RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 7 below.			
<input type="checkbox"/> ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 7 below.			
<input type="checkbox"/> TERMINATION—The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.			
<input checked="" type="checkbox"/> AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 7 below. (Signature of Debtor required on all amendments.)			
<input type="checkbox"/> OTHER			

7. Amend (1) Hetero Mod on Account #9040717-001

20010115 10 10 PT

2. (Date) AUGUST 7 19 98	B. This Space for Use of Filing Office (Date, Time, Filing Office)
VISTA HOSPITAL SYSTEMS, INC.	98230C0228
By: <u>DADÉ BANKING FINANCIAL SERVICES</u> (TITLE)	
By: _____ (TITLE)	
10. Return Copy to NAME LEXIS Document Services ADDRESS 400 The Street CITY AND STATE Sacramento CA 95833	FILED SACRAMENTO, CA AUG 17 1998 AT 10:56 BILL JOHNS SECRETARY OF STATE
(1) FILING OFFICER COPY STANDARD FORM—FILING FEE UNIFORM COMMERCIAL CODE—FORM UCC-2 Approved by the Secretary of State	435956240

9817450647

N/S

SUBREGISTRATION

FORWARDING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY
This Financing Statement is prepared for filing pursuant to the Uniform Commercial Code and is subject to the provisions of the California Commercial Code.

A. CREDIT OR DEBIT TO FILER (optional) _____ F. FILER OFFICE ACCT # (optional) _____

C. RETURN COPY TO (Name and Mailing Address)

Debit File Services, Inc.
P.O. Box 275
Van Nuys, CA 91408-2750

1407989

FILED
SACRAMENTO, CA
JUN 19, 1998 AT 0900

BILL JONES
SECRETARY OF STATE

1. DEBTOR'S EXACT FULL LEGAL NAME - based only on debtor name (1a or 1b) FILED WITH: CALIFORNIA

1a. DEBTOR'S NAME
Vista Hospital Systems, Inc.

1b. DEBTOR'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2a. BILLING ADDRESS CITY STATE COUNTRY POSTAL CODE
800 S. Main Street Corona CA 91720

2b. TYPE OF ENTITY DEBTOR'S STATE OR COUNTRY OF ORGANIZATION DEBTOR'S ORGANIZATIONAL ID #, if any

2. ACCESSORIAL DEBTOR'S EXACT FULL LEGAL NAME - based only on debtor name (2a or 2b) 188-0001019-000

2a. DEBTOR'S NAME
DBA Corona Regional Med. Ctr.

2b. DEBTOR'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. BILLING ADDRESS CITY STATE COUNTRY POSTAL CODE
800 S. Main Street Corona CA 91720

2d. TYPE OF ENTITY DEBTOR'S STATE OR COUNTRY OF ORGANIZATION DEBTOR'S ORGANIZATIONAL ID #, if any

3. SECURED PARTY'S (ORIGINAL OR ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - based only on secured party name (3a or 3b)

3a. DEBTOR'S NAME
Santitas Credit Corporation

3b. DEBTOR'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. BILLING ADDRESS CITY STATE COUNTRY POSTAL CODE
571 U.S. Highway 22 Bridgewater NJ 08807

A. THIS FINANCING STATEMENT covers the following types or items of property:
The property covered under Leasing Schedule #188-0001019-000 between Debtor and Secured Party, including the Equipment described below, and all accessions, attachments, replacements, substitutions, modifications, additions, and accessories thereto (including all Debtor's rights in all scenarios of all software related to any of the foregoing), now or hereafter acquired, and all proceeds of any of the foregoing (including insurance proceeds). Equipment description: Santitas Simcast Mon Simcast. The intended original Equipment location is: 800 South Main Street, Corona, CA 91720.
Fed ID No.:

6. CHECK THIS FINANCING STATEMENT is required by the Secured Party in order to file and to perfect a security interest in the collateral described in this statement when it was brought into this state, or when it is brought into this state from another jurisdiction, or when it is brought into this state from another jurisdiction, or when it is brought into this state from another jurisdiction, or when it is brought into this state from another jurisdiction.

7. If filed in Puerto Rico (check one)
Disclosures by Debtor for use by Secured Party
Disclosures by Debtor for use by Secured Party

8. THIS FINANCING STATEMENT IS TO BE FILED IN THE PUBLIC RECORDS OF THE STATE OF CALIFORNIA.

9. STATE TO REGISTER UNDER CERTIFICATE OF REGISTRATION (if applicable)
ADDITIONAL FEES

10. CHECK ONE
11. CHECK ONE
12. CHECK ONE

13. FILER OFFICE COPY - NATIONAL FINANCING STATEMENT (FORM UCC-1) (TRANS) (REV. 12/1/95)

9817450852

N/S

00000000000000000001

FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY
This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and the Revised Uniform Commercial Code. It is subject to the Code of Practice.

A. NAME & TEL. # OF CONTACT AT FILER'S OFFICE

B. FILING OFFICE ACCT. # (optional)

C. RETURN COPY TO: (Name and Mailing Address)

DATA FILE SERVICES, INC.
P.O. Box 275
Van Nuys, CA 91406-2750

1407988

FILED
SACRAMENTO, CA
JUN 19, 1998 AT 0800
BILL JONES
SECRETARY OF STATE

1. DEBTOR'S EXACT FULL LEGAL NAME - (Insert only one debtor name (1a or 1b)) FILED WITH CALIFORNIA

1a. DEBTOR'S NAME: Vista Hospital Systems, Inc.

1b. INDIVIDUAL'S LAST NAME

1c. MAILING ADDRESS: 800 S. Main Street

1d. CITY: Corona

1e. STATE: CA

1f. COUNTRY: USA

1g. POSTAL CODE: 91720

1h. TYPE OF ENTITY: OPERATIONAL

1i. ENTITY'S STATE OR COUNTRY OF ORGANIZATION: CA

1j. ENTITY'S ORGANIZATIONAL ID # (if any)

1k. PHONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - (Insert only one debtor name (2a or 2b))

2a. DEBTOR'S NAME: DBA Corona Regional Med. Ctr.

2b. INDIVIDUAL'S LAST NAME

2c. MAILING ADDRESS: 800 S. Main Street

2d. CITY: Corona

2e. STATE: CA

2f. COUNTRY: USA

2g. POSTAL CODE: 91720

2h. TYPE OF ENTITY: OPERATIONAL

2i. ENTITY'S STATE OR COUNTRY OF ORGANIZATION: CA

2j. ENTITY'S ORGANIZATIONAL ID # (if any)

2k. PHONE

3. SECURED PARTY'S EXACT FULL LEGAL NAME - (Insert only one secured party name (3a or 3b))

3a. SECURED PARTY'S NAME: Suncoast Credit Corporation

3b. COMPANY/TITLE NAME

3c. MAILING ADDRESS: 301 U.S. Highway 22

3d. CITY: Bridgewater

3e. STATE: NJ

3f. COUNTRY: USA

3g. POSTAL CODE: 08807

4. THIS FINANCING STATEMENT IS FILED BY THE SECURED PARTY PURSUANT TO SECTION 9-310 OF THE UCC. THE PROPERTY DESCRIBED UNDER LOCAL LAW IS SUBJECT TO THE FOLLOWING LIENS, IF ANY, OF PROPERTY:

The property covered under Local Law Schedule #160-0001019-000 between Debtor and Secured Party, including the equipment described below, and all accessories, attachments, replacements, substitutions, modifications, additions, and improvements thereto (including all Debtor's rights in all accessories of all vehicles related to any of the foregoing), now or hereafter acquired, and all proceeds of any of the foregoing (including insurance proceeds). Equipment description: 1481T # Patient Bed. The intended original Equipment location is: 800 South Main Street, Corona, CA 91720. Fed ID No. _____

BEST COPY AVAILABLE

5. CHECK ONE: This Financing Statement is copied by the Secured Party records of the Debtor to perfect a security interest. This Financing Statement is intended solely subject to a security interest in another jurisdiction when it was brought into this state, or where the debtor has been or is to be located, or in accordance with other statutory provisions (additional filing fee may be required).

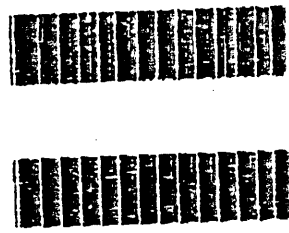
6. DEBTOR'S SIGNATURE: Vista Hospital Systems, Inc.

7. IS THIS IN FLORIDA? (Check one) Debtor's signature is not required. Debtor's signature is required.

8. CHECK TO REGISTER SEARCH CERTIFICATE (if applicable) ADDITIONAL FEE: No Additional Certificate Subtitle 2

552A 1791057
THIS COUPLE FOR USE OF FINANC OFFICER

9909850616



FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY
This Financing Statement is prepared for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)	E. FILING OFFICE ACCT. # (optional)
C. RETURN COPY TO (Name and Mailing Address)	
RETURN ACK TO : DATA FILE SERVICES, INC. PO Box 275 Van Nuys, CA 91408-0275	
D. OPTIONAL DESIGNATION OF BUSINESS: <input type="checkbox"/> LESSOR/LESSEE	<input type="checkbox"/> CONSIGNOR/CONSIGNEE
<input type="checkbox"/> NON-UCC FILING	

FILED
SACRAMENTO, CA
MAR 31, 1999 AT 0800
BILL JONES
SECRETARY OF STATE

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME OR 1a. INDIVIDUAL'S LAST NAME	Vista Hospital Systems, Inc.	FIRST NAME	MIDDLE NAME	SUFFIX
1b. MAILING ADDRESS	800 S. Main Street	CITY	STATE	COUNTRY
		Corona	CA	
1c. S.S. OR TAX ID #	77-0261419	1d. TYPE OF ENTITY	1e. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	1f. ENTITY'S ORGANIZATIONAL I.D.#, if any
				91720

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME OR 2a. INDIVIDUAL'S LAST NAME	Corona Regional Medical Center	FIRST NAME	MIDDLE NAME	SUFFIX
2b. MAILING ADDRESS	800 South Main Street	CITY	STATE	COUNTRY
		Corona	CA	USA
2c. S.S. OR TAX ID #		2d. TYPE OF ENTITY	2e. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2f. ENTITY'S ORGANIZATIONAL I.D.#, if any
				91720

3. SECURED PARTY'S (ORIGINAL SP or ITS TOTAL ASSIGNED) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME OR 3a. INDIVIDUAL'S LAST NAME	GE/Colonial Pacific Leasing	FIRST NAME	MIDDLE NAME	SUFFIX
3b. MAILING ADDRESS	13010 SW 68th Parkway	CITY	STATE	COUNTRY
		Portland	OR	USA
				97223

4. The FINANCING STATEMENT covers the following types or items of property:

See Exhibit "A" attached hereto and made a part hereof.

5. CHECK BOX <input type="checkbox"/> This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the collateral was brought into this state, or (b) in accordance with other statutory provisions (additional data may be required).	7. If filed in Florida (check one): <input type="checkbox"/> Documentary stamp <input type="checkbox"/> Documentary stamp not applicable
6. REQUISITE SIGNATURE(S) _____ John Calderone CEO	8. The FINANCING STATEMENT is to be filed (for record) for recording in the REAL ESTATE RECORDS. Attach Addendum <input type="checkbox"/> (if applicable)
9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor's (ADDITIONAL FEE) <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 (optional)	

EXHIBIT "A"
LeaseSource, Inc. LEASE NO. _____

QUANTITY	EQUIPMENT DESCRIPTION:
1	Customized Digital Camera Console
4	Xenon Light source ✓
4	35MM coupler ✓
2	Sony medical monitor ✓
4	Modular Carts
3	Bottle holder for cart ✓

9909860616

This Exhibit "A" is attached to and a part of LeaseSource, Inc. Lease No. _____ and constitutes a true and accurate description of the equipment.

LESSEE: Vista Hospital Systems, Inc. dba Corona Regional Medical Center

BY: _____
BY: John Calderone CEO

CPLC 1010

8/9/82

THIS SPACE

9931460317



FINANCING STATEMENT — FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is prepared for filing pursuant to the Uniform Commercial Code and will create effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)		B. FILING OFFICE ACCT. # (optional)	
C. RETURN COPY TO: Name and Mailing Address			
Allegiance Healthcare Corporation Attn: Leasing Department 1450 Waukegan Road McGaw Park, IL 60085			
D. OPTIONAL DESIGNATOR IF APPLICABLE		NON-UCC FILING	

FILED
 SACRAMENTO, CA
 NOV 01, 1999 AT 0800
 BILL JONES
 SECRETARY OF STATE

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME Corona Regional Medical Center				
OR	1b. INDIVIDUAL'S LAST NAME			
1c. MAILING ADDRESS 80 S. Main		CITY Corona	STATE CA	POSTAL CODE
2c. U.S. OR TAX ID # 72-0261419	OPTIONAL 2c. TYPE OF ENTITY ACCT'G INFO RE ENTITY DEBTOR	11. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	1d. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE	

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME				
OR	2b. INDIVIDUAL'S LAST NAME			
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2c. U.S. OR TAX ID #	OPTIONAL 2c. TYPE OF ENTITY ACCT'G INFO RE ENTITY DEBTOR	11. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2d. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE	

3. SECURED PARTY'S ORIGINAL SP OR ITS TOTAL ASSIGNED EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME Allegiance Healthcare Corporation				
OR	3b. INDIVIDUAL'S LAST NAME			
3c. MAILING ADDRESS 1450 Waukegan Road, NEECOX MP BL- XXXXXXXXX McGaw Park		CITY IL	STATE IL	POSTAL CODE 60081

4. This FINANCING STATEMENT covers the following type or items of property:

Equipment as described below plus any additions, substitutions or replacement thereof, 1 located at: Corona Regional Medical Center, 800 S. Main, Corona, CA under Equipment Rental Agreement No. 10019 between Debtor as Lessee and Secured Party or its assigns as Lessor. Notwithstanding the parties intention, this financing statement is filed solely to protect the interest of the parties in the event of assertions to the contrary by any third party.

Quantity	Equipment Description		
1	B1018-40A WELFAway-40	1	B1018-127-PMS (computer)
1	B1018-154 Level I SI Upgrade	1	B1018-Reporte Printer

5. CHECK <input type="checkbox"/> BOX if it is intended to be used as a security interest in another jurisdiction when it was brought into this state, or when the obligator's location was changed to the state, or (b) in accordance with other statutory provisions (add date and state may be required)	7. If filed in Florida (check one): <input type="checkbox"/> Documentary (state tax paid) <input type="checkbox"/> Documentary (state tax not applicable)
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed for record (or recorded) in the REAL ESTATE RECORDS. Attach Affidavit if applicable.	8. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) (ADDITIONAL FEE) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2

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FINANCING STATEMENT — FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is prepared for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)		E. FILING OFFICE ACCT. # (optional)	
C. RETURN COPY TO: (Name and Mailing Address)			
OJK, CASTLE & NICHOLSON LLP 2049 Century Park East, #2800 Los Angeles, CA 90067 Attn: Kandy P. Orlik, Esq.			
D. OPTIONAL DESIGNATION IF APPLICABLE:	MEMORIALS/LEASE	CONSIGNMENT/COMMERCE	NON-UCC FILING

FILED
 SACRAMENTO, CA
 MAR 16, 2008 AT 8:00
 BILL JONES
 SECRETARY OF STATE

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME VISTA HOSPITAL SYSTEMS, INC.				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 800 S. Main Street		CITY Corona	STATE CA	COUNTRY USA
1d. S.E. OR TAX I.D.# 77-0261419		1e. TYPE OF ENTITY OPTIONAL ADDTL. INFO RE ENTITY DESIGNATION corporation	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION California	1g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME CORONA REGIONAL MEDICAL CENTER				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS 800 S. Main Street		CITY Corona	STATE CA	COUNTRY USA
2d. S.E. OR TAX I.D.# 77-0261419		2e. TYPE OF ENTITY OPTIONAL ADDTL. INFO RE ENTITY DESIGNATION corporation	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION California	2g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE

3. SECURED PARTY'S ORIGINAL SP or ITS TOTAL ASSIGNED EXACT FULL LEGAL NAME - Insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME U.S. BANK TRUST NATIONAL ASSOCIATION, as Master Trustee				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 180 E. 5th Street		CITY St. Paul	STATE Minn	COUNTRY USA
			POSTAL CODE 55101	

4. This FINANCING STATEMENT covers the following types of items of property:

The collateral covered hereby is more particularly described on Schedule 1 attached hereto and incorporated herein by this reference.

1. CHECK <input type="checkbox"/> This FINANCING STATEMENT is signed by the Debtor(s) instead of the Debtor to perfect a security interest. OR <input type="checkbox"/> It is intended solely subject to a security interest in another jurisdiction when it was brought into this state, or when the Debtor's business was changed to this state. If in accordance with other regulatory provisions additional data may be required.		7. F. Filing in Florida special rule <input type="checkbox"/> Documentary <input type="checkbox"/> Non-Documentary	
11. SECURED PARTIES VISTA By:		8. Check to REQUEST SEARCH CERTIFICATE on Debtor(s) (ADDITIONAL FEE) <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2	

SCHEDULE 1

4. Cont'd.

DEBTOR: VISTA HOSPITAL SYSTEMS, INC.

SECURED

PARTY: U.S. BANK TRUST NATIONAL ASSOCIATION, MASTER TRUSTEE

DESCRIPTION OF COLLATERAL

All Debtor's right title and interest in and to any of the following, whether now owned or hereafter acquired, wherever located, and whether held by Debtor or a third party:

All accounts, chattel paper, instruments, leases, drafts, and all other rights to the payment of money now owned or hereafter acquired by Debtor, whether due or to become due, and whether or not earned by performance.

All amounts owed to Debtor, with respect to goods sold or leased or services rendered by Debtor, whether in the form of accounts, accounts receivable, contract rights, chattel paper, instruments, general intangibles, or otherwise.

All Debtor's demand, time, savings, passbook or similar accounts maintained at any financial institution (whether a bank, savings & loan, credit union, brokerage firm or the like), other than (i) accounts evidenced by negotiable certificates of deposit, and (ii) accounts in the name of Debtor wherein the funds are held on behalf of or for the benefit of one or more third parties (i.e., employee health benefits, employee flexible spending benefits, volunteer funds and patient trust funds) or wherein the funds are donations and their use is therefore restricted to a designated purpose other than general operations.

All general intangibles, including, without limitation, (i) all know-how, trade secrets, engineering plans, computer software, drawings and other preparatory information; (ii) all interests or claims in insurance policies; (iii) all interests in any partnership; (iv) all patents and patent applications, all unpatented inventions (whether or not patentable) and all license agreements regarding patents, whether Debtor is a licensor or licensee under such license agreement, including the right to recover for all past, present

and future infringements thereof and all re-issues, divisions, continuations, continuations-in-part, substitutes, renewals and extensions thereof, all improvements thereon, and all the rights of any kind whatsoever of Debtor accruing thereunder or pertaining thereto; (v) all trade names, trademarks, trademark rights, and all applications therefor; (vi) all copyrights and all applications therefor; (vii) all trade dress, service marks, service mark registrations, and all applications therefor; (viii) all income, royalties, and payments now or thereafter payable with respect to any copyrights, trademarks, trade names, trade dress, service marks and/or service mark registrations; (ix) all licenses, permits, franchises, and like privileges issued by any governmental or regulatory authority; (x) all income tax and other tax refunds of any sort; (xi) all customer lists, vendor lists, sale orders, supply contracts, and lists of suppliers; (xii) all claims and causes of action; (xiii) all guarantee claims, co-op memberships, lease-hold interests and personal property security interests or other security held by or granted to Debtor to secure payment by any person or entity to Debtor; (xiv) all contract rights; and (xv) all rights to receive payments for any reason and from any person.

All inventory, raw materials, component parts, work-in-process, finished goods held for sale or lease, materials used or consumed in Debtor's business, warehouse receipts, bills of lading and other documents evidencing goods now owned or hereafter acquired by Debtor, and all goods covered thereby, including returned goods, accessions, additions, improvements, and all products thereof, whether in Debtor's possession or in the possession of warehouse men, bailees or any other Person, and all proceeds thereof, including, without limitation, all rights to payment with respect to any insurance, including returned premiums or any cause of action relating to the foregoing, and goods under lease or consignment held by others.

All instruments (whether negotiable or non-negotiable), letters of credit, rights to payment under any commercial or standby letters of credit, certificates of deposit, and securities now existing or hereafter acquired, together with any stock rights, rights to subscribe, liquidating dividends, stock dividends, dividends paid in stock, or other property which Debtor is or may hereafter become entitled to receive on account of such instruments securities or other property.

All equipment together with any and all attachments, accessions and additions to, and replacements, substitutions, proceeds and products of the foregoing.

All present and future books, records and data of any kind relating to the foregoing, whether in the form of a writing, photograph, microfilm, microfiche, or electronic media, together with all of Debtor's right, title, and interest in and to all computer software required to utilize, create, maintain, and process any such records or data on electronic media; and

Any and all attachments, accessions and additions to, and replacements, substitutions, proceeds and products of the foregoing, including, but not limited to, money, deposit accounts, goods, equipment, insurance proceeds and other tangible or intangible property received upon the sale of disposition of the foregoing.

All royalties, proceeds and products of the foregoing, including without limitation all insurance (including without limitation payments from providers of health insurance, such as Medicare and Medicaid, state insurance coverage, and non-governmental health insurers, such as Blue Cross and Blue Shield) and condemnation proceeds.

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FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY

The Financing Statement is prepared for filing pursuant to the Uniform Commercial Code and will remain effective with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)		B. FILING OFFICE ACCT. # (optional)	
C. RETURN COPY TO: (Name and Mailing Address)			
LEXIS Document Services 1029 J Street Suite 100 Sacramento, CA 95814			
J1540177-5			
D. OPTIONAL DESIGNATION OF: LESSOR/LESSEE; CONDITIONAL CONSIGNEE; NON UCC FILING			

FB-D000-07-8

FILED
SACRAMENTO, CA
MAR 24, 2008 AT 11:41
BILL JONES
SECRETARY OF STATE

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME
Vista Hospital Systems, Inc.

OR

1b. INDIVIDUAL'S LAST NAME: FIRST NAME: MIDDLE NAME: SUFFIX:

1c. MAILING ADDRESS: #00 South Main Street CITY: CORONA STATE: CA COUNTRY: USA POSTAL CODE: 92882

1d. SS OR TAX ID #: 77-0261419 OPTIONAL ADD'L INFO RE ENTITY DEBTOR: TYPE OF ENTITY: ENTITY'S STATE OR COUNTRY OF ORGANIZATION: ENTITY'S ORGANIZATIONAL I.D.#, if any: NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME

OR

2b. INDIVIDUAL'S LAST NAME: FIRST NAME: MIDDLE NAME: SUFFIX:

2c. MAILING ADDRESS: CITY: STATE: COUNTRY: POSTAL CODE:

2d. SS OR TAX ID #: OPTIONAL ADD'L INFO RE ENTITY DEBTOR: TYPE OF ENTITY: ENTITY'S STATE OR COUNTRY OF ORGANIZATION: ENTITY'S ORGANIZATIONAL I.D.#, if any: NONE

3. SECURED PARTY'S ORIGINAL SP or ITS TOTAL ASSIGNEE'S EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME
Beller Healthcare Finance

OR

3b. INDIVIDUAL'S LAST NAME: FIRST NAME: MIDDLE NAME: SUFFIX:

3c. MAILING ADDRESS: 2 Wisconsin Circle 4th Floor CITY: CHEVY CHASE STATE: MD COUNTRY: USA POSTAL CODE: 20815

4. THIS FINANCING STATEMENT covers the following types or items of property:
All accounts receivable and such other assets of Debtor as are described in Exhibit A attached hereto and made a part hereof.

Additional Debtor names and locations are:

d/b/a Corona Regional Medical Center.

d/b/a Corona Regional Medical Center Rehabilitation Hospital
730 Magnolia Avenue
CORONA, CA 91719

CA-Riverside County

5. CHECK ONE The FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest in a debtor's already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed to this state, or (b) in accordance with other statutory provisions. Additional fees may be required. If filed in Florida (check one): Documents by STATE REG. DEPT. Documentary stamp. Documents by STATE REG. DEPT. Documentary stamp.

6. REQUIRED SIGNATURES: Vista 1

7. This FINANCING STATEMENT is to be filed (for record) or recorded in the REAL ESTATE RECORDS (Attach Addendum) If recorded

8. Check to REQUEST SEARCH CERTIFICATE on Debtor(s) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

EXHIBIT A TO UCC-1 FINANCING STATEMENT

(a) All of Debtor's now owned and hereafter acquired or arising Accounts, and all of Debtor's contract rights, chattel paper, documents and instruments with respect thereto, and all of Debtor's rights, remedies, security and liens, in, to and in respect of the Accounts, including, without limitation, rights of stoppage in transit, replevin, repossession and reclamation and other rights and remedies of an unpaid vendor, lienor or secured party, guaranties or other contracts of suretyship with respect to the Accounts, deposits or other security for the obligation of any Account Debtor, and credit and other insurance;

(b) All of Debtor's right, title and interest in and to the Lockbox Account;

(c) All of Debtor's now owned and hereafter acquired or arising general intangibles and other property of every kind and description with respect to or evidencing its Accounts, including, but not limited to, all existing and future customer lists, choses in action, claims, books, records, ledger cards, contracts, rights and claims under insurance policies, and computer programs, information, software, records, and data, as the same relates to the Accounts;

(d) The proceeds (including, without limitation, insurance proceeds) of all of the foregoing.

For purposes hereof, the term "Account" shall mean any right to payment for goods sold or leased or services rendered, in each case related to the provision of Medical Services, whether or not evidenced by an instrument or chattel paper, and whether or not earned by performance, including, without limitation, the right to payment of management fees.

For purposes hereof, the term "Governmental Authority" means and includes any federal, state, District of Columbia, county, municipal, or other government and any department, commission, board, bureau, agency or instrumentality thereof, whether domestic or foreign.

For purposes hereof, the term "Insurer" means a Person that insures a Patient against certain of the costs incurred in the receipt by such Patient of Medical Services, or that has an agreement with Debtor to compensate Debtor for providing services to a Patient.

For purposes hereof, the term "Lockbox Account" means an account maintained by Debtor at Bank One Arizona, N.A., or another bank as agreed upon by Debtor and Secured Party or a successor financial institution, into which all collections of Accounts are paid directly.

For purposes hereof, the term "Medical Services" means Medical and health care services provided to a Patient, including, but not limited to, medical and health care services provided to a Patient and performed by Debtor which are covered by a policy of insurance

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issued by an Insurer, and includes physician services, nurse and therapist services, dental services, hospital services, skilled nursing facility services, comprehensive outpatient rehabilitation services, home health care services, residential and out-patient behavioral healthcare services, and medicine or health care equipment provided by Debtor to a Patient for a necessary or specifically requested valid and proper medical of health purpose.

For purposes hereof, the term "Patient" means any Person receiving Medical Services from Debtor and all Persons legally liable to pay Debtor for such Medical Services other than Insurers.

For purposes hereof, the term "Person" means an individual, partnership, corporation, trust, joint venture, joint stock company, limited liability company, association, unincorporated organization, Governmental Authority, or any other entity.

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FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is prepared for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)		B. FILING OFFICE ACCT. # (optional)
C. RETURN COPY TO: (Name and Mailing Address)		
LEXIS Document Services 1029 J Street Suite 100 Sacramento, CA 95814 PO-0005-767-9 JF50177-7		
D. OPTIONAL DESIGNATION of secured party: <input type="checkbox"/> LESSOR-LESSEE <input type="checkbox"/> CONSIGNEE-COUNTERPARTY <input type="checkbox"/> NON LIC. FILING		

FILED
SACRAMENTO, CA
MAR 24, 2006 AT 11:41
BILL JONES
SECRETARY OF STATE

1. DEBTOR'S EXACT FULL LEGAL NAME - print only one debtor name (1a or 1b)

1a. ENTITY'S NAME
Vista Hospital Systems, Inc.

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2a. MAILING ADDRESS
800 South Main Street
CITY CORONA STATE CA COUNTRY USA POSTAL CODE 92882

2b. SS OR TAX ID # 77-0261419 OPTIONAL ADDR. INFO RE ENTITY DEBTOR TYPE OF ENTITY 2c. ENTITY'S STATE OR COUNTRY OF ORGANIZATION 2d. ENTITY'S ORGANIZATIONAL I.D.#, if any NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - print only one debtor name (2a or 2b)

2a. ENTITY'S NAME

OR

2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS
CITY STATE COUNTRY POSTAL CODE

2d. SS OR TAX ID # OPTIONAL ADDR. INFO RE ENTITY DEBTOR TYPE OF ENTITY 2e. ENTITY'S STATE OR COUNTRY OF ORGANIZATION 2f. ENTITY'S ORGANIZATIONAL I.D.#, if any NONE

3. SECURED PARTY'S ORIGINAL SP OR ITS TOTAL ASSIGNED EXACT FULL LEGAL NAME - print only one secured party name (3a or 3b)

3a. ENTITY'S NAME
Heller Healthcare Finance

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS
2 Wisconsin Circle 4th Floor
CITY CHEVY CHASE STATE MD COUNTRY USA POSTAL CODE 20815

4. This FINANCING STATEMENT covers the following items or items of property:
All accounts receivable and such other assets of Debtor as are described in Exhibit A attached hereto and made a part hereof.

Additional names and locations of Debtor are the following:

- d/b/a Corona Regional Medical Center
- d/b/a Arroyo Grande Community Hospital
345 South Malcom Road
Arroyo Grande, California 93420

CA-505

1. CHECK This FINANCING STATEMENT is signed by the Secured Party, provided the Debtor is notified a business day prior to an electronic filing subject to a security interest in greater jurisdiction within 48 hours of the date of filing, or within the 15-day period in which the Debtor may be notified of the filing, or by a person authorized to sign on behalf of the Debtor. If filed in Florida, check 1 or 2.

2. CHECK This FINANCING STATEMENT is to be filed in the public records of the REAL ESTATE RECORDS for purposes of the REAL ESTATE RECORDS. This FINANCING STATEMENT is to be filed in the public records of the REAL ESTATE RECORDS for purposes of the REAL ESTATE RECORDS.

3. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

4. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

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76. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

77. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

78. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

79. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

80. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

81. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

82. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

83. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

84. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

85. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

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89. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

90. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

91. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

92. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

93. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

94. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

95. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

96. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

97. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

98. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

99. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

100. CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (ADDITIONAL FEE)

EXHIBIT A TO UCC-1 FINANCING STATEMENT

(a) All of Debtor's now owned and hereafter acquired or arising Accounts, and all of Debtor's contract rights, chattel paper, documents and instruments with respect thereto, and all of Debtor's rights, remedies, security and liens, in, to and in respect of the Accounts, including, without limitation, rights of stoppage in transit, replevin, repossession and reclamation and other rights and remedies of an unpaid vendor, lienor or secured party, guaranties or other contracts of suretyship with respect to the Accounts, deposits or other security for the obligation of any Account Debtor, and credit and other insurance;

(b) All of Debtor's right, title and interest in and to the Lockbox Account;

(c) All of Debtor's now owned and hereafter acquired or arising general intangibles and other property of every kind and description with respect to or evidencing its Accounts, including, but not limited to, all existing and future customer lists, choses in action, claims, books, records, ledger cards, contracts, rights and claims under insurance policies, and computer programs, information, software, records, and data, as the same relates to the Accounts;

(d) The proceeds (including, without limitation, insurance proceeds) of all of the foregoing.

For purposes hereof, the term "Account" shall mean any right to payment for goods sold or leased or services rendered, in each case related to the provision of Medical Services, whether or not evidenced by an instrument or chattel paper, and whether or not earned by performance, including, without limitation, the right to payment of management fees.

For purposes hereof, the term "Governmental Authority" means and includes any federal, state, District of Columbia, county, municipal, or other government and any department, commission, board, bureau, agency or instrumentality thereof, whether domestic or foreign.

For purposes hereof, the term "Insurer" means a Person that insures a Patient against certain of the costs incurred in the receipt by such Patient of Medical Services, or that has an agreement with Debtor to compensate Debtor for providing services to a Patient.

For purposes hereof, the term "Lockbox Account" means an account maintained by Debtor at Bank One Arizona, N.A., or another bank as agreed upon by Debtor and Secured Party or a successor financial institution, into which all collections of Accounts are paid directly.

For purposes hereof, the term "Medical Services" means Medical and health care services provided to a Patient, including, but not limited to, medical and health care services provided to a Patient and performed by Debtor which are covered by a policy of insurance

0008760370

issued by an Insurer, and includes physician services, nurse and therapist services, dental services, hospital services, skilled nursing facility services, comprehensive outpatient rehabilitation services, home health care services, residential and out-patient behavioral healthcare services, and medicine or health care equipment provided by Debtor to a Patient for a necessary or specifically requested valid and proper medical of health purpose.

For purposes hereof, the term "Patient" means any Person receiving Medical Services from Debtor and all Persons legally liable to pay Debtor for such Medical Services other than Insurers.

For purposes hereof, the term "Person" means an individual, partnership, corporation, trust, joint venture, joint stock company, limited liability company, association, unincorporated organization, Governmental Authority, or any other entity.

0008760370

THE SPACE CONTAINS OF FINANCING STATEMENT

0010360274



FILED
SACRAMENTO, CA
APR 06, 2000 AT 0800
BILL JONES
SECRETARY OF STATE

FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY
This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional) B. FILING OFFICE (optional)
Phone 800-331-3282 Fax 818-652-4141

C. RETURN COPY TO (Name and Mailing Address)

Data File Services, Inc

P O Box 29071

Glendale, CA 91209-9071

000100440000000000

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME
Vista Hospital Systems, Inc

OR
1b. INDIVIDUAL'S LAST NAME

2. MAILING ADDRESS
800 S Main Street

3. SS OR TAX ID # OFFICIAL ID TYPE OF ENTITY
ACORN INC RE
ENTITY DESIGN

4. STATE COUNTRY POSTAL CODE
CA 91720

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME
Corona Regional Medical Center

OR
2b. INDIVIDUAL'S LAST NAME

2. MAILING ADDRESS
BX) S. Main Street
Corona

3. SS OR TAX ID # OFFICIAL ID TYPE OF ENTITY
ACORN INC RE
ENTITY DESIGN

4. STATE COUNTRY POSTAL CODE
CA 91720

3. SECURED PARTY'S (ORIGINAL S.P. OR ITS TOTAL ASSIGNEE, EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b))

3a. ENTITY'S NAME
DVI Financial Services Inc

OR
3b. INDIVIDUAL'S LAST NAME

3. MAILING ADDRESS
500 Hyde Park
City, State/PA

4. STATE COUNTRY POSTAL CODE
PA 18901

1) General Electric AMX 4+ Mobile X-Ray System.

Serial # 428 AM-15

3. CHECK The FINANCING STATEMENT is signed by the Secured Party.
 If in collection already subject to a security interest in other property.
 If applicable, debtor's location has changed in the state or is in another state.

4. REQUIRED SIGNATURES
Vista Hospital Systems, Inc. dba Corona Regional Medical Center

5. THIS FINANCING STATEMENT MUST BE FILED FOR RECORD
OR RECORDED WITH THE REAL ESTATE RECORDS
6. CONTACT THE CLERK OF SUPERIOR COURT FOR DEBTOR'S
ADDITIONAL FEE.
7. DEBTOR'S SIGNATURE

(1) FILING OFFICE (UT) - FINANCIAL FINANCING STATEMENT FORM UCC 1 (TRANS) (REV 12/16/95)

PROPERTY CLERK SUPERIOR COURT P.O. Box 271
VIRGINIA PA 17220-0271 TEL: 717-255-2200

0023160355



FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY
This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and any amendments thereto, with certain exceptions for 5 years from date of filing.
To view UCC or CONTACTABLE information, call 1-800-368-7232 or visit www.ucta.org

1. Debtor Name and Mailing Address

UCC Direct Services 90461 BA CREDIT
P.O. Box 29071 2504667-41-1
Coronado CA 91209-9071

FILED
SACRAMENTO, CA
AUG 11, 2000 AT 0006
BILL JONES
SECRETARY OF STATE

California

2. Debtor's Exact Full Legal Name (use only one name from 1a or 1b) FILED WITH
Vista Hospital Systems, Inc

3. Debtor's Mailing Address CITY STATE COUNTRY POSTAL CODE
800 South Main Street Corona CA 92882

4. LESSOR'S ORIGINAL SP OR ITS TOTAL ASSIGNEE (EXACT FULL LEGAL NAME) (use only one name from 1a or 1b)
Corona Regional Medical Center

5. LESSOR'S ORIGINAL SP OR ITS TOTAL ASSIGNEE (EXACT FULL LEGAL NAME) (use only one name from 1a or 1b)
Acuson Corporation

6. LESSOR'S ORIGINAL SP OR ITS TOTAL ASSIGNEE (EXACT FULL LEGAL NAME) (use only one name from 1a or 1b)
450 B Street Suite 1600 San Diego CA 92101

(1) Acuson Sequoia System Leased or sold under that certain lease or security agreement dated 12/2/99 between Secured Party and Debtor, including any additions, attachments, accessions and accessories thereto and any substitutions, replacements and upgrades thereof and all proceeds. Equipment/Lease No 21-2002398-001

7. Signature of Debtor or Authorized Representative
Vista Hospital Systems, Inc
ATTORNEY-IN-FACT Signing for All

0107160659



FINANCING STATEMENT — FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is prepared for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)		B. FILING OFFICE ACCT. # (optional)	
C. RETURN COPY TO: (Name and Mailing Address)			
Bayer Corporation Diagnostics Division 511 Benedict Ave Tarrytown N.Y. 10591-5097 Attn: Mary C. Lane			
D. OPTIONAL DENIGATION of methods:	<input type="checkbox"/> LESSOR/LESSEE	<input type="checkbox"/> COMPLETOR/CONSIGNEE	<input type="checkbox"/> NON-UCC FILING

FILED
 SACRAMENTO, CA
 MAR 07, 2001 AT 0800
 BILL JONES
 SECRETARY OF STATE

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME Corona Regional Medical Center					
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 800 South Main Street		CITY CORONA	STATE CA	COUNTRY US	POSTAL CODE 92882
1d. U.S. OR TAX I.D.#	OPTIONAL ADD'L INFO RE ENTITY DEBTOR	1e. TYPE OF ENTITY	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	1g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE	

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS		CITY	STATE	COUNTRY	POSTAL CODE
2d. U.S. OR TAX I.D.#	OPTIONAL ADD'L INFO RE ENTITY DEBTOR	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE	

3. SECURED PARTY'S (ORIGINAL SP or ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME Bayer Corporation Diagnostics Division					
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS 115 Norwood Park South		CITY Norwood	STATE MA	COUNTRY US	POSTAL CODE 02062

4. This FINANCING STATEMENT covers the following type(s) or name(s) of property:

Model/s: (1)M840 Blood Gas Analyzer; (1)M845 Blood Gas Analyzer
 Cat./#s: 119281; 119284

and all accessories, parts and equipment now and hereafter affixed thereto or used in connection therewith, all replacements or substitutions of any thereof, and all proceeds of all foregoing.

Post 056002

5. CHECK <input type="checkbox"/> This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest.	7. If filed in Florida (check one): <input type="checkbox"/> Document by <input type="checkbox"/> Documentary stamp
6. SECURED SIGNATURES Debtor: _____ Secured Party: _____	8. CHECK TO REQUEST SEARCH CERTIFICATE(S) on Debtor(s) (ADDITIONAL FEE) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2

0109560568



FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A NAME & TEL. # OF CONTACT AT FILER (optional) Phone (800) 331-3282 Fax (819) 662-4141		B FILING OFFICE ACCT # (optional)	
C RETURN COPY TO (Name and Mailing Address.)			
UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071		94415 AMERICAN EX 2828815-40-1	

FILED
SACRAMENTO, CA
MAR 30, 2001 AT 0800
BILL JONES
SECRETARY OF STATE

D OPTIONAL DESIGNATION OF ASSIGNMENT LESSOR/LESSEE CONSIGNOR/CONSIGNEE NON-UCC FILING

1 DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a ENTITY'S NAME VISTA HOSPITAL SYSTEMS, INC.				
OR				
1b INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c MAILING ADDRESS 800 SO MAIN ST		CITY CORONA	STATE CA	COUNTRY POSTAL CODE 92882
1d SS OR TAX ID #	OPTIONAL ADDNL INFO RE ENTITY DEBTOR	1e TYPE OF ENTITY	1f ENTITY'S STATE OR COUNTRY OF ORGANIZATION	1g ENTITY'S ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

2 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a ENTITY'S NAME CORONA REGIONAL MEDICAL CENTER				
OR				
2b INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c MAILING ADDRESS 800 SO MAIN ST		CITY CORONA	STATE CA	COUNTRY POSTAL CODE 92882
2d SS OR TAX ID #	OPTIONAL ADDNL INFO RE ENTITY DEBTOR	2e TYPE OF ENTITY	2f ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2g ENTITY'S ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

3 SECURED PARTY'S (ORIGINAL S/P OR ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a ENTITY'S NAME American Express Business Finance Corporation				
OR				
3b INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c MAILING ADDRESS 1851 East First Street, Suite 600		CITY Santa Ana	STATE CA	COUNTRY POSTAL CODE 92705

4 This FINANCING STATEMENT covers the following types or items of property

A security interest in all equipment and any and all inventory, accounts, receivables, goods, machinery, furniture, fixtures, property, intangible property, and assets of Debtor of any and every kind, regardless of location, and whether presently and/or hereafter acquired by Lessee or in which Lessee has any interest; and all proceeds of the foregoing, which shall secure the performance of all of Lessee's obligations of any kind whatsoever, whenever originated, to Lessor. To include equipment as more specifically described below: EQUIPMENT: DELPHIC UNITLEASE: 117296-132047-000 Lease Number: 132047-000

5 CHECK This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest
BOX (if applicable) (a) in collateral already subject to a security interest in another jurisdiction which was brought into this state, or when the debtor's location was changed to this state, or (b) in accordance with other statutory provisions (additional data may be required)

7 If filed in Florida (check one)
 Documentary stamp tax paid Documentary stamp tax not applicable

6 REQUIRED SIGNATURE(S)
VISTA HOSPITAL SYSTEMS, INC.
JOHN CALDERONE ATTORNEY-IN-FACT

8 This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS
Attach Affidavit (if applicable)

9 Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s)
ADDITIONAL FEE) All Debtors Debtor 1 Debtor 2 (optional)

John Calderone
Signing for All

02112C0746

UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER (optional)
Phone (800) 331-3282 Fax (818) 662-4141

B SEND ACKNOWLEDGEMENT TO (Name and Mailing Address)

UCC Direct Services AMERICAN EX
1451 River Park Drive #148 1-30-1
Sacramento, CA 95815
Account Pb-010-731-4



FILED
SACRAMENTO, CA
APR 22, 2002 AT 1133
BILL JONES
SECRETARY OF STATE

USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
0109560568 03-30-01 SS CA

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c, and also give name of assignor in item 9

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7

CHANGE name and/or address: Give current record name in item 6a or 6b, also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c **DELETE name:** Give record name to be deleted in item 6a or 6b **ADD name:** Complete item 7a or 7b and also item 7c to add complete items 7a-7c (if applicable)

6. CURRENT RECORD INFORMATION:

6a ORGANIZATION'S NAME

OR **6b INDIVIDUAL'S LAST NAME** FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a ORGANIZATION'S NAME

OR **7b INDIVIDUAL'S LAST NAME** FIRST NAME MIDDLE NAME SUFFIX

7c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d TAX ID# SSN or EIN **ADDL INFO RE ORGANIZATION DEBTOR** **7e TYPE OF ORGANIZATION** **7f JURISDICTION OF ORGANIZATION** **7g ORGANIZATIONAL ID # (if any)** NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral deleted or added, or give entire modified collateral description, or describe collateral assigned.

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF. THIS SPECIFIC EQUIPMENT ACQUIRED BY LESSEE WHICH IS SUBJECT TO A SECURITY INTEREST GRANTED BY LESSEE TO LESSOR. LEASE#338354-1

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment) or (this is an Amendment authorized by a Debtor, which both consents or assents the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here) and enter name of DEBTOR authorizing this Amendment.

9a ORGANIZATION'S NAME
American Express Business Finance Corporation

OR **9b INDIVIDUAL'S LAST NAME** FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA

2828615.1 Debtor Name: VISTA HOSPITAL SYSTEMS, I INC. Lease Number: 338354-1



2828615.1



HOLOGIC, INC.
35 Crosby Drive
Bedford, MA 01730
Tel: (781) 999-7300
Fax: (781) 280-0619

Int'l Sales Office:
S.A. HOLOGIC EUROPE B.V.
Luzen Park
Louvain-la-Neuve S10, BEL
1930 Louvain-la-Neuve
BELGIUM
Tel: 32 2 711 40 80
Fax: 32 2 728 30 07

AMERICAN EXPRESS BUSINESS
FINANCE CORP. - ACCOUNTS PAYABLE
SIXTH FLOOR - LORI WARRENBOURG
1851 EAST FIRST STREET
SANTA ANA, CA 92705

CITY HOSPITAL SYSTEMS, INC.
DMA CORONA REGIONAL MED CTR
ATTN: PAUL D. GRAY
760 S. WASHINGTON ST, STE 11
CORONA, CA 92882

BILL TO CUSTOMER AMER927 SHIP TO CUSTOMER CORO928*01 *P.O.: 181331

Invoice

SHIPMENT ID NUMBER: 1226806

INVOICE NO: 141841
INSTR: 1
DATE: 03/30/01
CUSTOMER ORDER NO. SALES ORDER NO.: 43771
*SER: BELOW
DATE OF SHIPMENT: 03/30/01

SHIP TO: ATLAS VAN LINES
S.A.
1108
NET 30

APR 11 1991

ATTENTION: FILING OFFICER, PLEASE STAMP AND RETURN WITH UCC-1

ITEM	PRODUCT NUMBER	DESCRIPTION	TAX	QTY SUPPLD	QUANTITY	UNIT PRICE	EXTENSION	DISCOUNT	SALES
1	DELPHI-C	DELPHI-C BONE DENSITOMETER S/N: 70253C			0				
7	TRAIN-500	DELPHI ON-SITE SYSTEM TRAINING			0				
8	REPORT-WRITER-MIN	HOLOGIC REPORT WRITER SOFTWARE			1				
9	IVA-WORKS	IVA WORKS, DELPHI SERIES			1				
TOTAL:									
		PRICE INCLUDES: TRAINING & 12 MONTH PARTS SERVICE WARRANTY BY HOLOGIC.							
		TRANSACT WITH INSTALLATION CHANGE ORDERS ORDER 48777.							

FREIGHT TERMS: FOB DESTINATION

REMIT TO: Hologic, Inc.
P.O. Box 28216
New York, NY 10087-8216

Federal ID: 04-2902-149

02112C0746

CT CORPORATION SYSTEM

Search Report

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza
Chicago, IL 60611-3608

Subject: Corona Regional Medical Center
Foundation

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: U.S. District Court, California Central District

Search Type: Federal Litigation Search - Searched as Defendant

Searched: N/A

Searched Through: 12/11/02

Synopsis: Civil Case(s) : 4

See listing for additional information

Copies : 24

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
Fax: (888) 829-5819

This report contains information compiled from sources which CT Corporation System considers reliable, but does not control. Information provided is non-certified unless otherwise indicated. CT in no way undertakes or assumes any part of the customer's business, legal or similar risks, and does not guarantee the accuracy, completion, or timeliness of the information provided, and shall not be liable for any losses or injuries whatever resulting from any contingency beyond its control, or from negligence, regardless of the cause. The categorization of filings is provided for the convenience of the customer and is not to be construed as a legal opinion concerning the status of the filings.

Signed _____

CT CORPORATION SYSTEM

Document Listing

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza

Subject: Corona Regional Medical Center
~~Foundation~~

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: U.S. District Court, California Central District

File Date	File No.	Type	Additional Information
PRESENTLY EFFECTIVE RECORDS			
07/11/95	95-CV-310	LIT	M Vicens-Cuenca s Corona Regional Med, et al
05/15/96	96-CV-192	LIT	Mary Lamb vs Corona Regional Med, et al
10/31/96	96-CV-7692	LIT	Elisabeth Lamb vs Corona Regional, et al
11/19/96	96-CV-433	LIT	Elisabeth Lamb vs Cororna Regional, et al

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
Fax: (888) 829-5819

This report contains information compiled from sources which CT Corporation System considers reliable, but does not control. Information provided is non-certified unless otherwise indicated. CT in no way undertakes or assumes any part of the customer's business, legal or similar risks, and does not guarantee the accuracy, completion, or timeliness of the information provided, and shall not be liable for any losses or injuries whatever resulting from any contingency beyond its control, or from negligence, regardless of the cause. The categorization of filings is provided for the convenience of the customer and is not to be construed as a legal opinion concerning the status of the filings.

Signed _____

U.S. District Court

Central District of California (Eastern Div.)

CIVIL DOCKET FOR CASE #: 95-CV-310

M Vicens-Cuenca v. Corona Regional Med, et al

Filed: 07/11/95
Assigned to: Judge Robert J. Timlin
Jury demand: Both
Referred to: Discovery Virginia A. Phillips
Demand: \$0,000
Nature of Suit: 442
Lead Docket: None
Jurisdiction: Federal Question
Dkt# in other court: None
Cause: 28:1331 Fed. Question: Employment Discrimination

MARGARET VICENS-CUENCA
plaintiff

Federico Castelan Sayre
[COR LD NTC]
Federico C Sayre Law Offices
610 Newport Center Dr
Suite 600
Newport Beach, CA 92660-6461
714-721-0221

Dennis M Grady
[term 10/27/95]
[COR LD NTC]
Grady & Associates
3111 Camino Del Rio North
Suite 400
San Diego, CA 92108
619-528-2230

Margaret Vicens-Cuenca
[term 12/29/95]
In Pro Per
27414 Senna Court
Temecula, CA 92591
909-676-0152

v.

CORONA REGIONAL MEDICAL CENTER
defendant

Ron S Kaufman
[term 04/18/96]

[COR LD NTC]
Stephanie Pearl
[term 04/18/96]
[COR LD NTC]
Fenigstein & Kaufman
1900 Avenue of the Stars
Suite 2300

Los Angeles, CA 90067-4314
310-201-0777

Teresa L Butler
[COR LD NTC]
Littler Mendelson Fastiff Tichy
& Mathiason
1100 Peachtree St NE
Suite 2000
Atlanta, GA 30309-4516
404-817-0990

PATRICIA HOWELL
defendant

Teresa L Butler
[term 07/24/96]
[COR LD NTC]
Littler Mendelson Fastiff Tichy
& Mathiason
1690 W Shaw Ave
Suite 201
Fresno, CA 93711
209-431-8300

Teresa L Butler
(See above)
[COR LD NTC]

DOES, 1 - 50 inclusive
defendant

DOCKET PROCEEDINGS

DATE	#	DOCKET ENTRY
7/11/95	1	COMPLAINT (Summons(es) issued) (referred to Discovery Virginia A. Phillips) Demand for jury trial (am) [Entry date 07/20/95]
10/27/95	2	ATTORNEY SUBSTITUTION: terminating attorney Dennis M Grady for Margaret Vicens-Cuenca and substituting herself in propria persona as atty of record by Judge Robert J. Timlin

(am) [Entry date 11/01/95]

- 11/27/95 3 RETURN OF SUMMONS and proof of service executed upon defendant Corona Regional Med by srng Julia Slininger auth agent on 11/8/95 (am) [Entry date 11/28/95]
- 12/11/95 4 ANSWER by defendant Patricia Howell to cmpt [1-1]; (am) [Entry date 12/13/95]
- 12/12/95 5 MINUTES: OSC tht plf show cause in writing nlt 12/28/95 why this actn shld not be disp for lack of diligent prosecution by Judge Robert J. Timlin CR: None (am) [Entry date 12/14/95]
- 12/12/95 6 ANSWER by defendant Corona Regional Med to cmp. [1-1] (am) [Entry date 12/14/95]
- 12/27/95 7 RESPONSE by plaintiff Margaret Vicens-Cuenca to osc & exhs 1-4 in suppt thereof [5-1] (am) [Entry date 01/02/96]
- 12/29/95 8 ATTORNEY SUBSTITUTION: terminating Margaret Vicens-Cuenca In Pro Per and substituting attorney Federico Castelan Sayre by Judge Robert J. Timlin (am) [Entry date 01/02/96]
- 2/2/96 9 MINUTES: vacating osc of 12/12/95 [5-1] minutes by Judge Robert J. Timlin CR: None (am) [Entry date 02/06/96]
- 3/19/96 10 MINUTES: OSC tht cnsl show cause in writing nlt 4/5/96 why this actn shld not be disp for non compl w/loc rule 6.2 by Judge Robert J. Timlin CR: None present (am) [Entry date 03/26/96]
- 4/3/96 11 DECL OR KENT M HENDERSON IN RESPONSE by plaintiff Margaret Vicens-Cuenca to [10-1] osc re non compl w/loc rule 6.2. & ehxs 1-4 in suppt therof (am) [Entry date 04/04/96]
- 4/18/96 12 ATTORNEY SUBSTITUTION: terminating attorney Stephanie Pearl & attorney Ron S of Kaufman of Fenigstein & Kaufman for Corona Regional Med and substituting attorney Teresa L Butler Judge Robert J. Timlin (am) [Entry date 04/23/96]
- 5/3/96 13 MINUTES: vacating osc hearing re minutes [10-1] Crt ext the time unitl 5/17/96 to fi jnt rpt of early meeting by Judge Robert J. Timlin CR: Phyllis Gunther (am) [Entry date 05/08/96]
- 5/8/96 14 JOINT REPORT OF EARLY MEETING OF COUNSEL Length of trial 5-7 days (1a) [Entry date 05/10/96]
- 6/17/96 15 MINUTES: Notice: Ord tht ; mandatory status conference set on 9:00 7/18/96 by Judge Robert J. Timlin CR: N/A (am) [Entry date 06/19/96]
- 7/9/96 16 JOINT STATUS REPORT by defendant Patricia Howell, defendant Corona Regional Med, plaintiff Margaret Vicens-Cuenca (am) [Entry date 07/11/96]
- 7/18/96 17 MINUTES: ; mandatory status conference held ; Crt stays all fur proceedings w/the exception of the completion of pltfs depo. Crt ord's the ptys to engage in settlement

discussion w/a preivate dispute resolution Judge as agreed to by the ptys. Settlement discussion shl be completed w/in 60 days mandatory status conference cont on 1:30 9/18/96 by Judge Robert J. Timlin CR: Phyllis Gunther (am) [Entry date 07/19/96]

- 7/24/96 18 NOTICE by defendant Corona Regional Med of change of address (am) [Entry date 07/26/96]
- 8/22/96 19 STIPULATION to cont MSC; req for telephonic appearnace (am) [Entry date 08/28/96]
- 8/27/96 20 ORDER by Judge Robert J. Timlin granting stipulation [19-1] ; cont'g mandatory status conference on 3:00 10/23/96 The conf may be conducted telephonically (am) [Entry date 08/28/96]
- 9/3/96 21 PROOF OF SERVICE by plaintiff Margaret Vicens-Cuenca of ord cont msc upon ptys of interest on 8/29/96 (am) [Entry date 09/09/96]
- 10/16/96 22 MINUTES: MSC (telephonic) ; mandatory status conference on cont to 3:30 12/4/96 by Judge Robert J. Timlin CR: None (am) [Entry date 10/22/96]
- 11/26/96 23 STIPULATION and ORDER by Judge Robert J. Timlin tht this action is disp w/prej terminating case (ENT 11/27/96) mld cpy MD JS-6 (am) [Entry date 12/02/96]

Case Flags:
TERMED

END OF DOCKET: 5:95cv310

PACER Service Center			
Transaction Receipt			
12/16/2002 11:15:43			
PACER Login:	mc0019	Client Code:	uccchi
Description:	docket report	Search Criteria:	5:95cv00310
Billable Pages:	4	Cost:	0.28

U.S. District Court

Central District of California (Eastern Div.)

CIVIL DOCKET FOR CASE #: 96-CV-192

Mary Lamb v. Corona Regional Med, et al

Filed: 05/15/96
Assigned to: Judge Robert J. Timlin
Jury demand: Both
Referred to: Discovery Virginia A. Phillips
Demand: \$5,000,000
Nature of Suit: 362
Lead Docket: None
Jurisdiction: Diversity
Dkt# in other court: None
Cause: 28:1332 Diversity-Medical Malpractice

MARY LAMB
plaintiff

Morton A Kamzan
[COR LD NTC]
Nathaniel J Friedman Law
Offices
1875 Century Park East
Suite 1222
Los Angeles, CA 90067
310-277-2889

v.

CORONA REGIONAL MEDICAL CENTER
defendant

Robert Carl Shephard
[COR LD NTC]
Rinos Shephard & Martin
550 N Parkcenter Dr
Suite 100
Santa Ana, CA 92705
714-834-1500

ROBERT G NELSON, MD
defendant
[term 01/14/97]

John M Hammond
[term 01/14/97]
[COR LD NTC]
Louis H De Haas
[term 01/14/97]
[COR LD NTC]
La Follette Johnson De Haas
Fesler & Ames
865 S Figueroa St

Suite 3100
Los Angeles, CA 90017
213-426-3600

NALIN NANAYAKKARA, MD

John M Hammond

defendant
[term 10/22/96]

[term 10/22/96]
(See above)
[COR LD NTC]
Louis H De Haas
[term 10/22/96]
(See above)
[COR LD NTC]

GAMAGE N NANAYAKKARA, MD
defendant
[term 01/28/97]

N Denise Taylor
[term 01/28/97]
[COR LD NTC]
Bonne Bridges Mueller O'Keefe &
Nichols
3699 Wilshire Blvd
10th Floor
Los Angeles, CA 90010-2719
213-480-1900

CIRCLE CITY MEDICAL GROUP INC,
a California corporation
aka
Lawrence C Nelson MD Inc
defendant
[term 02/21/97]

NORCO MEDICAL GROUP, a
business entity
defendant
[term 02/21/97]

DOCKET PROCEEDINGS

DATE	#	DOCKET ENTRY
5/15/96	1	COMPLAINT (Summons(es) issued) (referred to Discovery Virginia A. Phillips) Demand for jury trial (am) [Entry date 05/22/96]
6/7/96	2	ANSWER by defendant Corona Regional Med to complaint [1-1]; jury demand (am) [Entry date 06/13/96]
6/12/96	3	OBJECTIONS by defendant Corona Regional Med to plfs prayer

for general damages in her 1st & 2nd cause of actn. (am)
[Entry date 06/18/96]

- 6/14/96 4 ANSWER by defendant Robert G Nelson, defendant Nalin Nanayakkara to complaint [1-1] (am) [Entry date 06/18/96]
- 6/28/96 5 RETURN OF SUMMONS and proof of service executed upon defendant Corona Regional Med by srng Donna Helm on 5/22/96 by prsl srv. (am) [Entry date 07/09/96]
- 7/18/96 6 JOINT REPORT OF EARLY MEETING OF COUNSEL (am)
[Entry date 07/19/96]
- 7/18/96 7 NOTICE OF DISCREPANCY AND ORDER by Judge Robert J. Timlin of jnt rpt of early meeting (lacking Sheppards signature & has facsimile signature of Hammond) (am)
[Entry date 07/19/96]
- 7/24/96 8 JOINT REPORT OF EARLY MEETING OF COUNSEL (am)
[Entry date 07/26/96]
- 7/29/96 9 MINUTES: Ord schedl'g ; mandatory status conference set on 2:00 10/2/96 by Judge Robert J. Timlin. CR: N/A (am)
[Entry date 07/31/96]
- 8/1/96 10 PRE-TRIAL CONFERENCE ORDER approved by Judge Robert J. Timlin (cc: all counsel) (am) [Entry date 08/02/96]
- 8/2/96 11 JOINT REPORT OF EARLY MEETING OF COUNSEL Length of trial 10 days (am) [Entry date 08/06/96]
- 9/12/96 12 MINUTES: Notice: Ord tht a ; mandatory status conference set on 9:00 10/17/96 by Judge Robert J. Timlin CR: N/A (am)
[Entry date 09/17/96]
- 10/2/96 13 NOTICE OF MOTION AND MOTION by defendant Robert G Nelson, defendant Nalin Nanayakkara to stay actn & petn for ord comeplling arbitration ; motion hearing set for 10:00 10/24/96 (am)
- 10/2/96 14 ASSOCIATION OF COUNSEL by dfts Robert Nelson & Gamage Nanayakkara MD (am)
- 10/7/96 15 JOINT STATUS REPORT by plaintiff Mary Lamb (am)
[Entry date 10/08/96]
- 10/7/96 16 ORDER setting law & mot day; re oral argument on mots & re the lodging of propds ords on mots by Judge Robert J. Timlin (am) [Entry date 10/10/96]
- 10/9/96 19 NOTICE OF JOINDER by defendant Corona Regional Med joining motion to stay actn & petn for ord comeplling arbitration [13-1] Joinder (am) [Entry date 10/11/96]
- 10/10/96 17 MINUTES: On the crts own mot ; mandatory status conference cont on 3:30 11/6/96 by Judge Robert J. Timlin CR: None (am)
- 10/10/96 18 OPPOSITION by plaintiff Mary Lamb motion to stay actn & petn for ord comeplling arbitration [13-1] (am)

10/18/96 20 SUPPLEMENT VERIFICATIONS by defendant Robert G Nelson, defendant Nalin Nanayakkara in suppt of motion to stay actn & petn for ord compelling arbitration [13-1] (am) [Entry date 10/23/96]

10/18/96 23 NOTICE by defendant Robert G Nelson, defendant Nalin Nanayakkara of change of address (am) [Entry date 10/25/96]

10/21/96 21 SUPPLEMENT DECL & P/A in opp to the mot to compel arbitration in which all dfts hav joined by plaintiff Mary Lamb (am) [Entry date 10/23/96]

10/22/96 22 REQUEST by plaintiff Mary Lamb for oral argument (am) [Entry date 10/23/96]

10/22/96 24 STIPULATION and ORDER tht plf may file a 1st A/C; Fur tht the dft wvs ntc & srv of the amd cmp. by Judge Robert J. Timlin (am) [Entry date 10/25/96]

10/22/96 25 FIRST AMENDED COMPLAINT [1-1] by plaintiff Mary Lamb terminating defendant Nalin Nanayakkara; adding Gamage N Nanayakkara, Circle City Med Grp, Norco Medical Group; jury demand; summons issued (am) [Entry date 10/25/96]

10/23/96 26 NOTICE of lodgement of the 1st set of exhs by plaintiff Mary Lamb (am) [Entry date 10/25/96]

10/30/96 27 ATTORNEY SUBSTITUTION: terminating Lous H De Haas and substituting attorney N Denise Taylor by Judge Robert J. Timlin (am) [Entry date 11/01/96]

11/4/96 28 ORDER by Judge Robert J. Timlin denying motion to stay actn & petn for ord compelling arbitration [13-1] (la) [Entry date 11/07/96]

11/6/96 29 MINUTES: Crt ORD that the dfts' ans to the complt is deemed the ans to the 1st a/c. Crt fur ORD dfts prvd the pltf w/cpys of the Insurance Policies. Crt refers case to Magistrate Judge Phillips for settlmnt conf, ; settlement conference set for 10:00 1/3/97 by Judge Robert J. Timlin CR: Phyllis Gunther (la) [Entry date 12/02/96] [Edit date 12/02/96]

12/10/96 30 MINUTES: ; settlement conference 10:00 1/3/97 Each pty shall deliver to the chambers of the Magistrate Judge at Los Angeles a confidential Settlmnt Conf Stmt on or bef 12/27/96 by Discovery Virginia A. Phillips CR: N/A (la) [Entry date 12/17/96]

12/10/96 31 RETURN OF SUMMONS and proof of service executed upon defendant Nalin Nanayakkara, M.D. by lvg cpys w/Juanita Maldonado, Secy in charge of the place of business on 5/28/96, defendant Robert G Nelson, M.D. by servg Angie Perchaz, secy in charge of the place of business on 5/22/96 defendant Circle City Med Grp, Inc. (aka Lawrence C. Nelson M.D., Inc.) a calif corp by servg Niki Gress, agent authrzd to acct serv of process on 11/13/96; defendant Norco Medical Group, a bus entity by servg Brenda Mathews, agent authrzd to acct serv on 11/12/96. (la) [Entry date 12/17/96]

12/17/96 32 NOTICE of lodgment & lodgment of orgnl arbitration agreement in suppt of mot for relief frm ord denyng mot to stay actn & petn to compel arbtrtn by defendant Robert G Nelson, defendant Gamage N Nanayakkara. (la)
[Entry date 12/23/96]

12/17/96 33 NOTICE OF MOTION AND MOTION by defendant Robert G Nelson, defendant Gamage N Nanayakkara for relief from, & for reconsideration of ord denyng mot to stay actn & petn to compel arbtrtn ; motion hearing set for 10:00 2/27/97; Memo of P/A; Decl of Damayanthi Nanayakkara, Gamage Nalini Nanayakkara, M.D., & Denise H. Greer; Exhpts. (la)
[Entry date 12/23/96]

12/17/96 34 NOTICE OF DISCREPANCY AND ORDER Dfts' ntc of mot & mot for relief from & reconsideration of ord denyng & mot to stay actn & petn to compel arb; Ntc of lodgment; Prop order (not submitted in duplicate for court) ORD: The doc is to be fld & processed only on condition dft cnsl send a duplicate copy by 12/20/96 by Judge Robert J. Timlin, (cc: all counsel). (la) [Entry date 12/23/96]

12/23/96 35 REQUEST by plaintiff Mary Lamb for entry of default agnst dft Circle City Medical Grp Inc, aka Lawrence C Nelson MD (am) [Entry date 12/27/96]

12/23/96 36 REQUEST by plaintiff Mary Lamb for entry of default agnst dft Norco Medical Group. (am) [Entry date 12/27/96]

12/23/96 37 DEFAULT ENTERED as to defendant Circle City Med Grp, aka Lawrence C Nelson MD Inc defendant Norco Medical Group (cc: all counsel) (am) [Entry date 12/27/96]

12/26/96 38 ORDER 1) settng law & mot day; 2) re oral argmnt on mots, & 3) re the lodgng of prop orders on mots by Judge Robert J. Timlin. (la) [Entry date 12/30/96]

1/3/97 39 MINUTES: ; settlement conference held ; settlement conference cont to 4:00 1/6/97, when it will be resumed via telephonic conference by Discovery Virginia A. Phillips CR: Tape ED 97-1. (la) [Entry date 01/08/97]

1/6/97 41 MINUTES: ; settlement conference held via telephone The amnt of \$25,000.00 is to be pd by dft Robert Nelson. Upon rcpt of the pymng, cnsl fo tthe pltf will fl a disp of actn as to Dr. Nelson. Dft Nalin Nanayakkara is to be disp in exchange for a waiver of costs & fees. The dismls are to be fld w/in 2 (2) weeks by Discovery Virginia A. Phillips CR: None (la) [Entry date 01/21/97]

1/14/97 40 STIPULATION and ORDER by Judge Robert J. Timlin terminating party Robert G Nelson pur to FRCP 41(a)(1)(2) w/prej. (ENT 1/16/97). (la) [Entry date 01/16/97]

1/27/97 42 STIPULATION and ORDER by Judge Robert J. Timlin to set aside entry of default agnst dft Circle City Medical Group, Inc. (aka Lawrence C. Nelson, M.D.) and the entry of dflt agnst dft Norco Medical Group are set aside for good cause

[37-1] (1a) [Entry date 01/29/97]

1/28/97 43

MINUTES: Dfts Nelson & Nanayakkara have been dism frm this actn pur to sti. Therefore, their motion for relief from [33-1] is moot., and the motion for reconsideration of ord denying mot to stay actn & petn to compel arbtrtn [33-2] is moot by Judge Robert J. Timlin CR: None. (1a)
[Entry date 01/29/97]

1/28/97 44

STIPULATION and ORDER by Judge Robert J. Timlin dismissing party Gamage N Nanayakkara, M.D., only, w/prej pur to FRCP 41 (a) (1) (2) Each pty is to bear its own costs. Mld cpy to pltf. (ENT 1/30/97) (1a)
[Entry date 01/30/97]

2/3/97 --

MAIL Returned [41-2] addressed to defendant Corona Regional Med's atty Robert Shephard. (1a) [Entry date 02/05/97]

2/21/97 45

STIPULATION and ORDER by Judge Robert J. Timlin dismissing party Norco Medical Group, party Circle City Med Grp w/prej pur to FRCP 41(a) (1) (2). (ENT 2/25/97) (1a)
[Entry date 02/25/97]

2/21/97 46

STIPULATION and ORDER that the actn has been settld & is hereby dismd w/prej pur to FRCP 41(a) (1) (2) as to dft Corona Regional Medical Center only by Judge Robert J. Timlin terminating case (ENT 2/25/97) MD JS-6. (1a)
[Entry date 02/25/97]

Case Flags:
TERMED
VAPx

END OF DOCKET: 5:96cv192

PACER Service Center			
Transaction Receipt			
12/16/2002 11:16:26			
PACER Login:	mc0019	Client Code:	uccchi
Description:	docket report	Search Criteria:	5:96cv00192
Billable Pages:	7	Cost:	0.49

U.S. District Court

Central District of California (Eastern Div.)

CIVIL DOCKET FOR CASE #: 96-CV-433

Elisabeth Lamb v. Corona Regional, et al

Filed: 11/19/96

Assigned to: Judge Robert J. Timlin .

Jury demand: Both

Referred to: Discovery Virginia A. Phillips

Demand: \$0,000

Nature of Suit: 362

Lead Docket: None

Jurisdiction: Diversity

Dkt # in Western : is 2:96-cv-07692

Cause: 28:1332 Diversity-Medical Malpractice

MARY LAMB, Elizabeth Lamb a
minor by her Guardian Ad Litem
plaintiff

Nathaniel J Friedman
[COR LD NTC]
Nathaniel J Friedman Law
Offices
1875 Century Park East
Suite 1860
Los Angeles, CA 90067
310-277-2889

Alik Segal
[COR LD NTC]
Alik Segal Law Offices
1875 Century Pk E
Suite 1860
Los Angeles, CA 90067
310-277-2889

v.

CORONA REGIONAL MEDICAL CENTER
FOUNDATION, a Calif corp
defendant
[term 10/02/97]

VISTA HOSPITAL SYSTEMS INC, a
corp
dba
Corona Regional Medical Center

Robert Carl Shephard
[COR LD NTC]
Rinos Shephard & Martin
825 N Parkcenter Dr

defendant

Suite 110
Santa Ana, CA 92705
714-834-1500

ROBERT G NELSON, M D
defendant
[term 06/12/97]

GAMAGE N NANAYAKKARA, M D
defendant
[term 11/04/97]

Louis H De Haas
[term 11/04/97]
[COR LD NTC]
La Follette Johnson De Haas
Fesler & Ames
865 S Figueroa St
Suite 3100
Los Angeles, CA 90017
213-426-3600

CIRCLE CITY MEDICAL GROUP INC,
a Calif corp
aka
Circle City Medical Associates
Inc
aka
Lawrence C Nelson M D Inc
defendant

Alan Rushfeldt
[COR LD NTC]
Rushfeldt Shelley & Drake
12925 Riverside Dr
4th Floor
Sherman Oaks, CA 91423
818-906-1441

Robert Carl Shephard
[term 08/20/97]
(See above)
[COR LD NTC]

NORCO MEDICAL GROUP, a
business entity exact identity
as yet unknown
defendant
[term 10/02/97]

Alan Rushfeldt
[term 10/02/97]
(See above)
[COR LD NTC]

Robert Carl Shephard
[term 08/20/97]
(See above)
[COR LD NTC]

DOCKET PROCEEDINGS

DATE # DOCKET ENTRY

12/19/94 -- FINANCIAL ENTRY - Disb \$62,000.00 to Mary Lamb as perm
conservator of Elisabeth Lamb, conservatee per ord. dtd
10/3/97. (am) [Entry date 01/09/98]

10/31/96 1 COMPLAINT (Summons(es) issued) (referred to Discovery Robert N. Block) (bg) [Entry date 11/05/96]

10/31/96 2 PETITION FOR APPT OF GUARDIAN AD LITEM and ORDER by Discovery Robert N. Block; Mary Lamb is appointed guardian ad litem of Elisabeth Lamb (np) [Entry date 11/05/96]

11/7/96 3 ORDER by Judge Kim M. Wardlaw re procedures (dmjr) [Entry date 11/14/96]

11/19/96 4 ORDER RE TRANS PURS TO GO 224, (REL CASE) by Judge Kim M. Wardlaw & Judge Robert Timlin transferring case to the Eastern Division (NEW CASE #EDCV96-0433 RT (VAPx) [(L/N EDCV96-192 RT (VAPx)] (cc: cnsl) (jc)

11/19/96 5 NOTICE OF INDISTRICT TRANSFER, ORIGINAL file, certified copy of transfer order and docket sheet received from Western [CV96-7692 KMW (RNBx)]; case assigned to Judge Robert J. Timlin for further proceedings (jc)

12/6/96 6 ANSWER by defendant Vista Hospital Systems, Inc. dba Corona Regional Medical Center to complaint [1-1]; jury demand. (la) [Entry date 12/09/96]

12/10/96 7 RETURN OF SUMMONS and proof of service executed upon defendant Vista Hospital Sys, Inc dba corona Regional Medical Center by servg Donna Helm, Agent authrzd to accpt serv of proc on 11/12/96; defendant Corona Regional Medical Center Foundation, by servg Donna Helm, Administrator authzd to accpt serv of process on 11/12/96; defendant Robert G Nelson, M.D. by srvg Niki Gregg, Administrator in charge of the place of business on 11/13/96; defendant Gamage N Nanayakkara, M.D. by srvg Suelyn Smith, party in charge of the place of business on 11/13/96; defendant Circle City Medical Group, Inc. aka Lawrence C. Nelson, M.D. Inc. aka Circle City Medical Assoc, Inc., a calif corp by servg Niki Loress, Administrator authorized to accpt on 11/19/96; defendant Norco Medical Group, a business entity, exact id as yet unknown by servg Brenda Matthews, agent authrzd to accept on 11/12/96. (la) [Entry date 12/17/96]

12/13/96 12 NOTICE OF MOTION AND MOTION by defendant Robert G Nelson, defendant Gamage N Nanayakkara to stay actn, & petn for an ord compelling arbitration ; motion hearing set for 10:00 3/17/97 (sched bef KMW). Memo of p/a; exhbt. (la) [Entry date 12/31/96]

12/19/96 13 Notice of JOINDER by defendant Corona Regional joining motion petn for an ord compelling arbitration [12-2] Joinder (la) [Entry date 12/31/96]

12/23/96 8 REQUEST by plaintiff Mary Lamb for entry of defalut agnst dft Norco Medical Group. (am) [Entry date 12/27/96]

12/23/96 9 REQUEST by plaintiff Mary Lamb for entry of default agnst dft Circle City Medical Group, Inc, aka Lawrence C. Nelson MDInc, aka Circle City Medical Assoc Inc (am) [Entry date 12/27/96]

12/23/96 10 DEFAULT ENTERED as to defendant Circle City Medical, aka Lawrence C Nelson MD Inc & defendant Norco Medical Group (am) [Entry date 12/27/96]

12/27/96 11 RESPONSE to petition for order compelling arbitration of dfts Robert G. Nelson, M.D., & Gamage N. Nanayakkara, M.D. by plaintiff Mary Lamb. (la) [Entry date 12/31/96]

12/30/96 14 ORDER 1) setting law & mot day; 2) re oral argmnt on mots, & 3) re lodging of prop orders on mots by Judge Robert J. Timlin. (la) [Entry date 01/07/97]

1/10/97 15 AMENDED NOTICE by defendant Robert G Nelson, defendant Gamage N Nanayakkara of hearing setting hearing on motion to stay actn [12-1] 10:00 2/27/97, setting hearing on motion petn for an ord compelling arbitration [12-2] 10:00 2/27/97. (la) [Entry date 01/15/97]

1/14/97 16 AMENDED NOTICE by defendant Corona Regional of hearing setting hearing on motion to stay actn [12-1] 10:00 2/27/97, setting hearing on motion petn for an ord compelling arbitration [12-2] 10:00 2/27/97 in courtroom 52. (la) [Entry date 01/22/97]

1/27/97 17 STIPULATION and ORDER by Judge Robert J. Timlin that the entry of default agnst dft Circle City Medical Group, Inc. (aka Lawrence C. Nelson, M.D. and agnst dft Norco Medical Group [10-1] are set aside (la) [Entry date 01/30/97]

2/7/97 18 SUPPLEMENTAL DECL of Damayanthi Nanyakkara & Gamage nalin Nanayakkara, M.D. by defendant Robert G Nelson, defendant Gamage N Nanayakkara in further suppt of: motion to stay actn [12-1], re motion petn for an ord compelling arbitration [12-2]; Exhibits. (la) [Entry date 02/13/97]

2/13/97 19 OPPOSITION by plaintiff Mary Lamb motion to stay actn [12-1], motion petn for an ord compelling arbitration [12-2]; Memo of P/A; Decl of Mary Lamb, Decl of Carlos Lamb & Decl of Nathaniel J. Friedman; Evidentiary Objections. (la) [Entry date 02/19/97]

2/13/97 20 OBJECTIONS to Evidence by plaintiff Mary Lamb. (la) [Entry date 02/19/97]

2/20/97 21 ANSWER by defendant Circle City Medical, defendant Norco Medical Group to complaint [1-1]; jury demand. (la) [Entry date 02/24/97]

2/20/97 22 REPLY by defendant Robert G Nelson, defendant Gamage N Nanayakkara in suppt of petn for ord compelling binding arbitration & staying actn re [12-1], re [12-2]; Decl of Suzanne De Rosa. (la) [Entry date 02/25/97]

2/20/97 23 REQUEST by defendant Robert G Nelson, defendant Gamage N Nanayakkara for that the crt tk judicial ntc. (la) [Entry date 02/25/97]

4/17/97 24 MOTION by plaintiff Mary Lamb to approve compromise of

actn between the infant pltf & dft Robert G. Nelson, M. D. (only) ; motion hearing set for 10:00 5/22/97; decl of pltf's cnsl; Memo of p/a. (la) [Entry date 04/21/97]

4/17/97 -- LODGED/PROPOSED Petn & Order & Receipt (FWD TO CRD) (la) [Entry date 04/21/97]

4/17/97 53 PETITION for compromise of claim of minor Elisabeth Lamb by plaintiff Mary Lamb (kg) [Entry date 08/27/97]

4/23/97 25 NOTICE of flg w/the crt, acert cpy of exh C by plaintiff Mary Lamb. (la) [Entry date 04/25/97]

4/23/97 26 OPPOSITION by defendant Robert G Nelson motion to approve compromise of actn between the infant pltf & dft Robert G. Nelson, M. D. (only) [24-1] (la) [Entry date 04/25/97]

5/1/97 27 MINUTES: ; Crt cont the status conference re settlmnt & prop changes of order approving compromise of minor's claim to 8:30 5/12/97 (telephonic) by Judge Robert J. Timlin CR: Phyllis Gunther (la) [Entry date 05/08/97]

5/13/97 28 MINUTES: Telephonic status conference re approval of compromise of minor's claim held Dfns cnsl w/d oppos to mot to approv compromise of actn & crt vacates all hrg pertaining to this matter. Crt signs order approving compromise of minor's claim by Judge Robert J. Timlin CR: Phyllis Gunther (la) [Entry date 05/28/97]

5/14/97 29 ORDER approving compromise of minor's claim by Judge Robert J. Timlin. (la) [Entry date 05/28/97]

5/16/97 30 NOTICE of ord directed to clerk USDC, attn: Grace Kuraschige, financial manager; Decl of Susan Vigil by plaintiff Mary Lamb. (la) [Entry date 05/28/97]

6/2/97 31 JOINT REPORT OF EARLY MEETING OF COUNSEL Length of trial 8-10 days. (la) [Entry date 06/04/97]

6/2/97 32 Plaintiff's Initial Disclosure L. R. 6.2 [31-1] (la) [Entry date 06/04/97]

6/12/97 33 STIPULATION and ORDER by Judge Robert J. Timlin action has been settled & is hereby dismissed w/prej, pur to FRCP 41 (a) (1) (2) as to dft, Robert Nelson, M. D. only (ENT 6/16/97). (la) [Entry date 06/16/97]

6/18/97 34 MINUTES: ORD that a mandatory status conference has been sched for 3:00 8/20/97 by Judge Robert J. Timlin CR: n/a (la) [Entry date 06/24/97]

6/20/97 35 NOTICE OF MOTION AND MOTION by defendant Robert G Nelson for determination of good faith settlement ; motion hearing set for 10:00 7/17/97; Memo of p/a; Decl of Louis H. De Haas. (la) [Entry date 06/24/97]

6/26/97 36 Plaintiff's points and auth & decl of pltf's cnsl in reply to dft Nelson's motion for determination of good faith settlement. (kg) [Entry date 06/30/97]

7/1/97 37 MINUTES: OSC tht dft Robert G Nelson MD is ord to show cause in writing on or bef 7/15/97 why his mot for determination of good faith settlement shld not be denied for lack of the crts persl juris over him. by Judge Robert J. Timlin CR: None (am) [Entry date 07/02/97]

7/2/97 38 NOTICE OF MOTION AND MOTION by defendant Robert G Nelson for determination of good faith settlement hrg ; motion hearing set for 10:00 8/7/97 (am) [Entry date 07/03/97]

7/11/97 39 NOTICE by defendant Robert G Nelson of cont of motion for determination of good faith settlement hrg [38-1] frm 7/17/97 to 10:00 8/7/97. (la) [Entry date 07/16/97]

7/11/97 40 OPPOSITION by defendant Corona Regional, defendant Circle City Medical, defendant Norco Medical Group motion for determination of good faith settlement hrg [38-1], [35-1]; Memo of p/a; decl of Robert C. Shephard. (la) [Entry date 07/16/97]

7/15/97 41 BRIEF FILED by defendant Robert G Nelson regarding the crt's jrsdctn to hear dft Nelson's mot for determination of good faith settlmnt [38-1], [35-1]. (la) [Entry date 07/16/97]

7/15/97 42 REPLY BRIEF by defendant Robert G Nelson. (la) [Entry date 07/16/97]

7/17/97 43 EXHIBITS to dfts' oppos to Robert Nelson, MD's mot for good faith settlmnt submitted by dfts Corona Regional Medical Center, Circle City Medical Group inc & Norco Medical Group. (la) [Entry date 07/21/97]

7/21/97 44 REPLY by defendant Robert G Nelson to oppos by codfts, Corona Regional Medical Center, circle city Med Group & Norco Med Group to motion for determination of good faith settlement hrg [38-1], [35-1]. (la) [Entry date 07/22/97]

7/23/97 45 CORRECTION by plaintiff Mary Lamb of misstatement found in dft Nelson's "REPLY BRIEF" [42-1]. (la) [Entry date 07/30/97]

7/24/97 46 JOINT REQUEST for issuance of decision on dfts' Motn to stay actn & Petn for ord compelling arbitration. (la) [Entry date 07/30/97]

7/29/97 47 RESPONSE by defendant Robert G Nelson to pltf's correction of misstatement [45-1]. (la) [Entry date 07/31/97]

8/4/97 48 NOTICE OF WITHDRAWAL by defendant Corona Regional, defendant Norco Medical Group withdrawing OBJECTION to Dr. Nelson's mot for good faith settlmnt [40-1]. (la) [Entry date 08/05/97]

8/6/97 49 OBJECTIONS by plaintiff Mary Lamb to Dft Nannayakkara's (only) Joint req for issuance [46-1]. (la) [Entry date 08/07/97]

8/15/97 50 MINUTES: On crt's own mot the mandatory status conference has been contd frm 8/20/97 to 9:00 10/2/97 by Judge

- 8/20/97 51 ATTORNEY SUBSTITUTION: terminating Robert C. Shephard and substituting attorney Alan Rushfeldt for dfts Circle City medical Group Inc., Circle City Medical Associates & Norco Medical Group by Judge Robert J. Timlin. (la)
[Entry date 08/22/97]
- 8/20/97 52 NOTICE of substitution of cnsl by defendant Circle City Medical, defendant Norco Medical Group. (la)
[Entry date 08/22/97]
- 8/22/97 54 ORDER by Judge Robert J. Timlin denying motion to stay actn [12-1], denying motion petn for an ord compelling arbitration [12-2] (kg) [Entry date 08/27/97]
- 8/25/97 55 MINUTES: Order denying dft Robert G. Nelson, M.D.'S motion for determination of good faith settlement for lack of jurisdiction. By Judge Robert J. Timlin (kg)
[Entry date 08/27/97]
- 9/8/97 56 NOTICE by dfts Corona Regional, Circle City Medical, Norco Medical Group of change of firm address. (la)
[Entry date 09/11/97]
- 9/25/97 57 MOTION by plaintiff Mary Lamb to approve compromise of actn bet the infant pltf & dft Gamage Nanaykkara, M. D. (only) motion hearing set for 10:00 10/23/97; Decl of pltf's cnsl; memo of p/a. (la) [Entry date 09/30/97]
- 9/25/97 -- LODGED/PROPOSED ORDER submitted by plaintiff Mary Lamb for motion to approve compromise of actn bet the infant pltf & dft Gamage Nanaykkara, M. D. (only) [57-1] (FWD TO CRD) (la)
[Entry date 09/30/97]
- 10/1/97 58 NOTICE OF MOTION AND MOTION by defendant Gamage N Nanayakkara for determination of good faith settlement motion hearing set for 10:00 10/23/97; Memo of p/a; Decl of Jilber S. Jamgochyan, Esq. in suppt. (la)
[Entry date 10/02/97]
- 10/1/97 -- LODGED/PROPOSED ORDER submitted by defendant Gamage N Nanayakkara for motion for determination of good faith settlement [58-1] (FWD TO CRD) (la) [Entry date 10/02/97]
- 10/1/97 59 PETITION for compromise of claim of minor (CCP 372) by plaintiff Mary Lamb. (la) [Entry date 10/02/97]
- 10/1/97 60 NOTICE OF DISCREPANCY AND ORDER Petn for compromise of a claim of minor. DISCPY: FRCP 5 (d) no p/s attached to docmnt. ORD the doc is to be filed & processed by Judge Robert J. Timlin (cc: submitting pty) (la)
[Entry date 10/02/97]
- 10/1/97 61 NOTICE by plaintiff Mary Lamb of of date, time & place for hearing on Petnr's motion to approve compromise of actn bet the infant pltf & dft Gamage Nanaykkara, M. D. (only) [57-1] 10:00 10/23/97. (la) [Entry date 10/07/97]
- 10/1/97 62 Certified Copy of DISCLAIMER of the Employment Development

Dept of the St of Calif to the 1st amended. (la)
[Entry date 10/07/97]

- 10/2/97 63 MINUTES: mandatory status conference held ; Crt sets the following sched: discovery cutoff 12/15/97 ; motion cutoff 1/16/98 ; pretrial conference on 9:00 2/19/98 ; jury trial set on 3/20/98, Csnl stip & crt GRANTS the dismissal of dfts Corona Regional Mecial Center & Norco Medical Group w/o prej dismissing party Corona Regional Medical Center, party Norco Medical Group Crt sets hearing re Pltf's petition for compromise of claim o minor [59-1] for 10/3/97 @ 1:30 by Judge Robert J. Timlin CR: Sharon Seffens (la)
[Entry date 10/07/97]
- 10/2/97 64 STIPULATION and ORDER by Judge Robert J. Timlin the remaining parties have agreed on settlmt Procedure No. 3 to employ a retired judicial officer who shall hear a voluntary settlmt conf (la) [Entry date 10/07/97]
- 10/3/97 65 MINUTES: Crt & cnsl confer. Telephonic hrg re pltf's petn for compromise of claim of minor. Crt modifies & signs order approving compromise of minor's claim by Judge Robert J. Timlin CR: Phyllis Gunther (la) [Entry date 10/07/97]
- 10/3/97 66 ORDER 1) setting law & mot day; 2) re oral arg on mots & 3) re ldng of prop ords on mots by Judge Robert J. Timlin. (la)
[Entry date 10/07/97]
- 10/3/97 67 ORDER approving compromise of minor's claim between the minor & dft Gamage Nanayakkara, m. D. only. ord that upon paymnt of the sum of \$100,000 the payor shall be fully & forever released & discharge of & frm all claims. Petnr shall srv forthwith a copy of this ord on payor & the clerk of the crt, attention Grace Kurashige, Financial Manager by Judge Robert J. Timlin. Mld ntc by cpy to all ptys. Cpy sent to Fiscal. (ENT 10/3/97) (la) [Entry date 10/07/97]
- 10/9/97 68 NOTICE by defendant Gamage N Nanayakkara of hearing setting hearing on motion for determination of good faith settlement [58-1] 10:00 10/23/97 (am) [Entry date 10/14/97]
- 10/9/97 69 REQUEST by plaintiff Mary Lamb for flng of petnrs notarized orig signature w/the petn to compromise the infant pfls clm agnst dft Nanayakkara only. (am)
[Entry date 10/14/97]
- 10/14/97 70 ORDER setting law & mot day; re oral arguemnt on mots & re the lodging of propd ords on mots by Judge Robert J. Timlin (am) [Entry date 10/16/97]
- 10/21/97 71 PROOF OF SERVICE by defendant Gamage N Nanayakkara of Orders re law & motn matters svd by mail on 10/17/97. (la)
[Entry date 10/22/97]
- 10/22/97 72 NOTICE of non-oppos to dft Gamage N. Nanayakkara, M. D. 's mot for determination of good faith settlmt by defendant Circle City Medical, defendant Norco Medical Group. (la)
[Entry date 10/23/97]
- 10/27/97 73 ORDER by Judge Robert J. Timlin granting Dft Nalin

Nanayakkara, MD's motion for determination of good faith settlement [58-1]. ORD that the settlement entered into bet pltf Elisabeth Lamb, a minor, by & through her Guardian ad Litem Mary Lamb, & dft Nalin Nanyakkara, MD was negotiated in good faith. (la) [Entry date 10/29/97]

- 11/4/97 74 NOTICE of Ord directed to Clerk, USDC, Attn: Grace Kurashige, Financial Manager; Decl of P. Anway by plaintiff Mary Lamb. (la) [Entry date 11/06/97]
- 11/4/97 75 STIPULATION and ORDER by Judge Robert J. Timlin the actn is dismd w/prej pur to FRCP 41 (a)(1)(2) as to dft, Gamage Nalin Nanayakkara, M. D., only dismissing party Gamage N Nanayakkara (ENT 11/6/97) (la) [Entry date 11/06/97]
- 11/20/97 76 NOTICE of clarification of plfs cnsl & correction of address by plaintiff Mary Lamb (am) [Entry date 11/24/97]
- 12/12/97 77 PROOF OF SERVICE by plaintiff Mary Lamb of ord approving compromise of minors clm. (am)
- 12/31/97 78 ORDER setting law & mot day re oral argument on mots & re the lodging of propd ords on mots by Judge Robert J. Timlin (am) [Entry date 01/06/98]
- 12/31/97 79 NOTICE OF MOTION AND MOTION by defendant Circle City Medical for summary judgment ; motion hearing set for 10:00 1/29/98 (am) [Entry date 01/06/98]
- 12/31/97 80 MEMORANDUM by defendant Circle City Medical in support of motion for summary judgment [79-1] (am) [Entry date 01/06/98]
- 12/31/97 81 DECLARATION of Cindy D Kort by defendant Circle City Medical in suppt of mot for sum jgm; exhs in suppt thereof [79-1] (am) [Entry date 01/06/98]
- 12/31/97 82 NOTICE of lodging of depo trans of Robert G Nelson MD by defendant Circle City Medical (am) [Entry date 01/06/98]
- 1/6/98 83 OPPOSITION by plaintiff Mary Lamb to motion for summary judgment [79-1] (am) [Entry date 01/07/98]
- 1/14/98 85 NOTICE OF MOTION AND MOTION by plaintiff Mary Lamb to approve compromise of actn between the infant plf & dfts Circle City Med Grp & Corona Reg Med Ctr ; motion hearing set for 10:00 2/26/98 (am) [Entry date 01/20/98]
- 1/16/98 84 EX PARTE APPLICATION filed by plaintiff Mary Lamb to advance the date for hrg upon petnrs mot to compromise minors clm & or to hold siad hrg telephonically; decl of Nathaniel J Friedman (am) [Entry date 01/20/98]
- 1/16/98 86 ORDER by Judge Robert J. Timlin granting exparte motion to advance the date for hrg upon petnrs mot to compromise minors clm & or to hold siad hrg telephonically; [84-1], advancing hearing on motion to approve compromise of actn between the infant plf & dfts Circle City Med Grp & Corona Reg Med Ctr [85-1] 11:00 1/21/98 (am) [Entry date 01/20/98]

1/20/98 87 MINUTES: Cont'g hearing on motion for summary judgment [79-1] 10:00 4/30/98 by Judge Robert J. Timlin CR: None (am) [Entry date 01/21/98]

1/20/98 88 NOTICE by plaintiff Mary Lamb of telephonic hearing advanced hearing on motion to approve compromise of actn between the infant plf & dfts Circle City Med Grp & Corona Reg Med Ctr [85-1] 11:00 1/21/98 (am) [Entry date 01/21/98]

1/21/98 89 NOTICE OF WITHDRAWAL by defendant Circle City Medical withdrawing motion for summary judgment [79-1] (cc: all counsel) (am) [Entry date 01/22/98]

1/21/98 90 PETITION for compromise of clm of minor by plaintiff Mary Lamb (am) [Entry date 01/26/98]

1/21/98 91 MINUTES: granting motion to approve compromise of actn between the infant plf & dfts Circle City Med Grp & Corona Reg Med Ctr [85-1], withdrawing motion for summary judgment [79-1] by Judge Robert J. Timlin CR: Phyllis Gunther (am) [Entry date 01/27/98]

1/23/98 92 ORDER by Judge Robert J. Timlin granting motion to approve compromise of actn between the infant plf & dfts Circle City Med Grp & Corona Reg Med Ctr [85-1], & tht upon pymt of the sum of \$2,220 tht beign the total amt of the settlemnt sum as between the minor & Payors Circle City & Corona Reginal in the manner heein prov.the payors shl be full & forever rel & discharged of & frm all clms, charges & demand of said minor arising frm the incident decrided in the w/in petn. (am) [Entry date 01/29/98]

2/9/98 93 NOTICE of signing of ord approving compromise of minor's claim by plaintiff Mary Lamb. (la) [Entry date 02/10/98]

2/20/98 94 NOTICE OF DISCREPANCY AND ORDER by Judge Robert J. Timlin ex parte appl; propd ord (ntc to other ptys ex parte appl lacking) The docm is to be fld & processed (am) [Entry date 02/24/98]

2/20/98 95 EX PARTE APPLICATION filed by plaintiff Mary Lamb to amend crts ord approving compromise of minors clm; decl of Nathaniel J. Friedman (am) [Entry date 02/24/98]

2/23/98 96 ORDER by Judge Robert J. Timlin granting exparte motion to amend crts ord approving compromise of minors clm [95-1] (am) [Entry date 02/25/98]

2/27/98 97 NOTICE of entry of ord amd ord to compromise minors clm by plaintiff Mary Lamb (am) [Entry date 03/02/98]

3/16/98 98 STIPULATION and ORDER by Judge Robert J. Timlin tht this actn is hereby dism w/prej in its entirety purs to FRCP 41 (a) (1) (2). Each ptys to br its own costs terminating case (ENT 3/17/98) MD JS-6 (am) [Entry date 03/17/98]

3/20/98 -- FINANCIAL ENTRY Disb \$1,330,000.00 to MaryLamb on behalf of Elizabeth Lamb, conservatee per ord dtd 2/23/98. Fld 2/23/98 RDJ (am) [Entry date 04/14/98]

Case Flags:
TERMED
REFER
TRANSF

END OF DOCKET: 5:96cv433

PACER Service Center			
Transaction Receipt			
12/16/2002 11:14:18			
PACER Login:	mc0019	Client Code:	uccchi
Description:	docket report	Search Criteria:	5:96cv00433
Billable Pages:	12	Cost:	0.84

CT CORPORATION SYSTEM

Search Report

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza
Chicago, IL 60611-3608

Subject: Corona Regional Medical Center
Foundation.

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: U.S. Bankruptcy Court, California Central District

Search Type: Bankruptcy Search

Searched: N/A

Searched Through: 12/11/02

Synopsis: Bankruptcy Case(s) : 1

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Signed _____

CT CORPORATION SYSTEM

Document Listing

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza

Subject: Corona Regional Medical Center
Foundation

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: U.S. Bankruptcy Court, California Central District

File Date	File No.	Type	Additional Information
PRESENTLY EFFECTIVE RECORDS			
12/15/98	98-34623	BANK	Corona Regional Med Group, Inc.

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
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Docket for Case 98-34623
VISTA MEDICAL FOUNDATION INC

Filing Date	Entry No.	Image	Entry
12/15/98	1 Related Docs	No	Voluntary petition under chapter 11 [EOD 12/16/98][KMA]
12/15/98	2	No	Exhibit "A" (corporations) [EOD 12/16/98][KMA]
12/15/98	3	No	Statement of related cases [EOD 12/16/98][KMA]
12/15/98	4	No	Disclosure of attorney fees [EOD 12/16/98][KMA]
12/15/98	5	No	List of creditors holding 20 largest unsecured claims [EOD 12/16/98][KMA]
12/15/98	6	No	Verification of creditor matrix [EOD 12/16/98][KMA]
12/15/98	7	No	Matrix (mailing list) [EOD 12/16/98][KMA]
12/15/98	8	No	3 1/2" formatted diskette required for petition with over 100 creditors [EOD 12/16/98][KMA]
12/15/98	9	No	Notice of available chapters [EOD 12/16/98][KMA]
12/15/98	10 Related Docs	No	Attorney's state bar number on page 1 of petition form [EOD 12/16/98][KMA]
12/15/98	11	No	Signature(s) page 2 of petition form B1 for attorney [EOD 12/16/98][KMA]
12/15/98	12	No	Case commencement deficiency notice Summary of Schedules; Signed Declaratn Re Sched; Venue Disclosure Form; Corp Resolutn Auth filing [EOD 12/16/98][KMA]
12/15/98	13	No	ORDER to comply with bankruptcy rule 1007 and notice of intent Schedule A; Schedule B; Schedule D; Schedule E; Schedule F; Schedule G; Schedule H; Statemt Financial Affairs; List Equity Secure Hldrs [EOD 12/16/98][KMA]
12/17/98	Related	No	Emergency motion FILED BY VISTA MEDICAL FOUNDATION FOR AUTHORIZATION TO PAY PRE-PETITION PAYROLL WITH DECL OF WILLIAM MILLER

	14 <u>Docs</u>		hearing on 12/18/98 at 09:00 a.m. at 3420 Twelfth Street, Courtroom 304, Riverside, CA 92501 [Disposed] RE: Item #1 [EOD 12/17/98][DGR]
12/17/98	15 <u>Related Docs</u>	No	Proof of service RE EMERGENCY MOTION FOR AUTHORIZATION TO PAY PRE-PETITION PAYROLL FILED BY VISTA MEDICAL FOUNDATION RE: Item #14 [EOD 12/17/98][DGR]
12/18/98	16 <u>Related Docs</u>	No	Hearing held 1. GRANTED 2. Hearing Set at 9:00 AM, December 30, 1998 Re Proposed Sale and Rejection of Executory Contracts. Court Recorder: Merrilynn Linne' RE: Item #14 [EOD 12/18/98][HAL]
12/18/98	17 <u>Related Docs</u>	No	ORDER re: on Emergency Motion by Debtor-In-Possession For Authorization to Pay Pre-Petition Payroll - GRANTED. RE: Item #14 [EOD 12/18/98][HAL]
12/17/98	18	No	Request for special notice filed by Globalcare Healthcare Mgt [EOD 12/21/98][DGR]
12/18/98	19 <u>Related Docs</u>	No	Emergency motion filed by debtor for authority to reject provider contracts hearing on 12/30/98 at 09:00 a.m. at 3420 Twelfth Street, Courtroom 304, Riverside, CA 92501 [Disposed] [EOD 12/21/98][DGR]
12/18/98	20 <u>Related Docs</u>	No	Emergency motion filed by debtor for authority to assume or reject certain real estates leases hearing on 12/30/98 at 09:00 a.m. at 3420 Twelfth Street, Courtroom 304, Riverside, CA 92501 [Disposed] [EOD 12/21/98][DGR]
12/18/98	21 <u>Related Docs</u>	No	Emergency motion filed by debtor authority to sell certain property and for authority to assume and assign and to reject certain executory contracts hearing on 12/30/98 at 09:00 a.m. at 3420 Twelfth Street, Courtroom 304, Riverside, CA 92501 [Disposed] [EOD 12/21/98][DGR]
12/18/98	22 <u>Related Docs</u>	No	Emergency motion filed by debtors for authority to reject payor contracts hearing on 12/30/98 at 09:00 a.m. at 3420 Twelfth Street, Courtroom 304, Riverside, CA 92501 [Disposed] [EOD 12/21/98][DGR]
12/21/98	23 <u>Related Docs</u>	No	Notice of hearing filed by debtor Vista Medical Foundation hearing on 12/30/98 at 09:00 a.m. at 3420 Twelfth Street, Courtroom 304, Riverside, CA 92501 RE: Item #14 [EOD 12/22/98][DGR]
12/21/98	24	No	Request for special notice EPIC MANAGEMENT, LP [EOD 12/22/98][DGR]
12/28/98	25 <u>Related Docs</u>	No	Amendment/Amended 20 LARGEST UNSECURED CREDITORS [EOD 12/28/98][DGR]

12/28/98	26	No	Corporate resolution authorizing filing of petitions [EOD 12/28/98][DGR]
12/28/98	27	No	Notice of available chapters [EOD 12/28/98][DGR]
12/28/98	28	No	Venue disclosure form (for Corporations and Partnerships filing a chapter 11) [EOD 12/28/98][DGR]
12/28/98	29	No	Summary of schedules [EOD 12/28/98][DGR]
12/28/98	30	No	Schedule A filed [EOD 12/28/98][DGR]
12/28/98	31	No	Schedule B filed [EOD 12/28/98][DGR]
12/28/98	32	No	Schedule D filed [EOD 12/28/98][DGR]
12/28/98	33	No	Schedule E filed [EOD 12/28/98][DGR]
12/28/98	34	No	Schedule F filed [EOD 12/28/98][DGR]
12/28/98	35	No	Schedule G filed [EOD 12/28/98][DGR]
12/28/98	36	No	Schedule H filed [EOD 12/28/98][DGR]
12/28/98	37	No	Statement of financial affairs [EOD 12/28/98][DGR]
12/28/98	38	No	List of equity security holders [EOD 12/28/98][DGR]
12/28/98	39 <u>Related Docs</u>	No	Declaration of Wendy Patrick re service of ntc of hearing on debtor's emergency motion RE: Item #19 [EOD 12/29/98][DGR]
12/29/98	40 <u>Related Docs</u>	No	Objection FILED BY HOROWITZ LIMITED PARTNERSHIP V TO EMERGENCY MTN FOR AUTHORITY TO ASSUME AND ASSIGN OR REJECT CERTAIN REAL ESTATE LEASES hearing on 12/30/98 at 09:00 a.m. at 3420 Twelfth Street, Courtroom 304, Riverside, CA 92501 RE: Item #20 [EOD 12/29/98][DGR]
12/29/98	41 <u>Related Docs</u>	No	Opposition FILED BY CIGNA HEALTHCARE OF CALIF TO EMERGENCY MTN TO REJECT LEASES,MTN TO SELL CERTAIN PROPERTY AND TO REJECT PAYOR CONTRACTS RE: Item #22 [EOD 12/29/98][DGR]
12/29/98	42 <u>Related Docs</u>	No	Declaration OF WILLIAM JAMESON OF CIGNA HEALTHCARE CONDITIONAL OPPOSITION TO EMERGENCY MTNS RE: Item #21 [EOD 12/29/98][DGR]
12/29/98	43 <u>Related</u>	No	Objection filed by Burgun Medical Group, Inc re: emergency motions hearing on 12/30/98 at 09:00 a.m. at 3420 Twelfth

	<u>Docs</u>		Street, Courtroom 304, Riverside, CA 92501 RE: Item #19 [EOD 12/30/98][DGR]
12/29/98	44 <u>Related Docs</u>	No	Objection evidentiary of Burgun Medical Group to debtors emergency motion for authority to reject provider contracts hearing on 12/30/98 at 09:00 a.m. at 3420 Twelfth Street, Courtroom 304, Riverside, CA 92501 RE: Item #19 [EOD 12/30/98][DGR]
12/29/98	45 <u>Related Docs</u>	No	Objection filed by Burgun Medical Group, Inc to sell certain property and for authority to assume and assign and to reject certain executory contracts hearing on 12/30/98 at 09:00 a.m. at 3420 Twelfth Street, Courtroom 304, Riverside, CA 92501 RE: Item #19 [EOD 12/30/98][DGR]
12/30/98	46 <u>Related Docs</u>	No	Document: offer to purchase assets of Vista Medical filed by Community Medical Group of Corona RE: Item #20 [EOD 12/30/98][DGR]
12/30/98	47 <u>Related Docs</u>	No	Opposition filed by Maxicare to debtor's emergency mtn for authority to reject provider contracts;2. Assume and assign or to reject certain real estate leases RE: Item #21 [EOD 12/30/98] [DGR]
12/30/98	48 <u>Related Docs</u>	No	Hearing held Emergency mtn to reject provider contracts-Granted-Mtn for authority to reject payor contracts-Granted-Mtn to assume or reject leases-Granted-Sale at 1.5 million approved RE: Item #21 [EOD 12/30/98][DGR]
12/31/98	49 <u>Related Docs</u>	No	ORDER granting/approving on sale of assets of Vista Medical Foundation with ntc of entry RE: Item #21 [EOD 12/31/98] [DGR]
01/04/99	50 <u>Related Docs</u>	No	Proof of service filed by Vista Medical Foundation, Inc. RE: Item #49 [EOD 01/06/99][HAL]
01/04/99	51 <u>Related Docs</u>	No	ORDER granting/approving Debtor's Emergency Motion for Authority to Reject Provider Contracts with Notice of Entry/Certificate of Mailing RE: Item #19 [EOD 01/06/99][HAL]
01/04/99	52 <u>Related Docs</u>	No	ORDER granting/approving Debtor's Emergency Motion for Authority to Assume and Assign or to Reject Certain Real Estate Leases with Notice of Entry/Certificate of Mailing RE: Item #20 [EOD 01/06/99][HAL]
01/04/99	53 <u>Related Docs</u>	No	ORDER granting/approving Debtor's Emergency Motion For Authority to Reject Payor Contracts with Notice of Entry/Certificate of Mailing RE: Item #22 [EOD 01/06/99][HAL]
01/07/99	54 <u>Related Docs</u>	No	Notice of 341a meeting (requested from BNC) hearing on 02/18/99 at 10:30 a.m. at 3420 Twelfth St. Room 100, Riverside, CA 92501 [EOD 01/07/99][WHI]

01/07/99	55	No	Request for special notice filed by Cigna Healthcare [EOD 01/11/99][DGR]
01/09/99	56 <u>Related Docs</u>	No	Certificate of mailing (1967 copies) RE: Item #54 [EOD 01/12/99][BNC]
01/12/99	57 <u>Related Docs</u>	No	Application to employ filed by debtor to employ counsel Hanover & Schnitzer with decl of N Hanover [Disposed] [EOD 01/13/99] [DGR]
01/12/99	58 <u>Related Docs</u>	No	Notice of intent to employ counsel by chpt 11 debtor RE: Item #57 [EOD 01/13/99][DGR]
01/13/99	59 <u>Related Docs</u>	No	Objection to debtor's proposed order on emergency mtn for authority to reject payor contracts filed by Maxicare RE: Item #22 [EOD 01/15/99][DGR]
01/19/99	60	No	Request for special notice Jo Ann Soule Henriksen [EOD 01/19/99][DGR]
01/19/99	61	No	Request for special notice filed by Dr. James F Roy [EOD 01/19/99][DGR]
01/19/99	62 <u>Related Docs</u>	No	Application for order authorizing debtor to pay post petition retainer with decl of N Hanover and comments of U S Trustee [Disposed] [EOD 01/20/99][DGR]
01/19/99	63 <u>Related Docs</u>	No	Notice to certain creditors and parties in interest of application for order authorizing debtor to pay post petition retainer RE: Item #62 [EOD 01/20/99][DGR]
01/19/99	64 <u>Related Docs</u>	No	Stipulation filed by Maxicare vacating order granting debtor's emergency mtn for authority to reject payor contracts; resolving objections to debtors order [Disposed] RE: Item #53 [EOD 01/20/99][DGR]
01/19/99	64A <u>Related Docs</u>	No	ORDER granting/approving stipulation vacating order granting debtor's emergency motion for authority to reject payor contracts and resolving objections to debtors order with ntc of entry and cert of mlg RE: Item #64 [EOD 01/20/99][DGR]
01/19/99	65	No	ORDER granting/approving debtor's emergency mtn for authority to reject payor contracts with ntc of entry and cert of mlg [EOD 01/20/99][DGR]
01/27/99	66 <u>Related Docs</u>	No	Declaration of Norman L. Hanover in support of Entry of Order authorizing employment of Hanover & Schnitzer as counsel for Debtor and Debtor-in-Possession RE: Item #57 [EOD 01/28/99] [HAL]
	<u>Related</u>		ORDER approving employment of professional Hanover & Schnitzer as counsel for Debtor-in-Possession With Notice of

01/27/99	67 <u>Docs</u>	No	Entry/Certificate of Mailing. RE: Item #57 [EOD 01/28/99] [HAL]
02/08/99	68 <u>Related Docs</u>	No	ORDER granting/approving application for order authorizing debtor to pay post petition retainer with ntc of entry and cert of mlg RE: Item #62 [EOD 02/08/99][DGR]
02/10/99	69	No	Notice of mtn for order setting bar date for filing claims against the debtor's estate filed by debtor [EOD 02/11/99][DGR]
02/11/99	70	No	Motion for order setting bar date for filing claims against the debtors estate; with memo of pnts and auth with decl of Wm Miller and comments of U S Trustee [EOD 02/12/99][DGR]
02/12/99	71 <u>Related Docs</u>	No	Notice of motion and motion for relief from automatic stay with supporting declarations ACTION IN NON-BANKRUPTCY FORUM Ofelia Corral, et al hearing on 03/02/99 at 1:30 p.m. at 3420 Twelfth Street, Courtroom 304, Riverside, CA 92501 [Disposed] [EOD 02/16/99][DGR]
02/12/99	72 <u>Related Docs</u>	No	Application shortening time filed by Ofelia Corral, et al for motion for relief from stay with decl of Gary Schneider hearing on 03/02/99 at 1:30 p.m. at 3420 Twelfth Street, Courtroom 304, Riverside, CA 92501 [Disposed] RE: Item #71 [EOD 02/16/99] [DGR]
02/12/99	73 <u>Related Docs</u>	No	ORDER shortening time Granted RE: Item #72 [EOD 02/16/99] [DGR]
02/18/99	74	No	Request for special notice filed by William Pate, Esq [EOD 02/19/99][DGR]
02/18/99	75	No	Request for special notice By T. W. Ronald Danieri, Esq.; With Proof of Service by Mail. [EOD 02/19/99][JEF]
02/26/99	76 <u>Related Docs</u>	No	Response to motion for order to terminate, annul, modify or condition the automatic stay & declaration(s) in support filed by debtor RE: Item #71 [EOD 03/01/99][DGR]
03/01/99	77 <u>Related Docs</u>	No	Motion for determination of admin expense under 403; authority to immediately pay same, U S T comments [Disposed] [EOD 03/01/99][DGR]
03/01/99	78	No	Request for special notice filed Quadramed Corp [EOD 03/01/99] [DGR]
03/02/99	79 <u>Related Docs</u>	No	Hearing held Motion for relief from stay-Ofelia Corral-STAY TERMINATES FORTHWITH RE: Item #71 [EOD 03/02/99] [DGR]
03/02/99	80 <u>Related</u>	No	ORDER granting (in whole or in part) motion for relief from automatic stay ACTION IN NON-BANKRUPTCY FORUM

	<u>Docs</u>		Motion for relief from stay (Ofelia Corral, et al) with cert of mlg RE: Item #71 [EOD 03/02/99][DGR]
03/09/99	81 <u>Related Docs</u>	No	Declaration of John C Tobin in support of motion RE: Item #77 [EOD 03/10/99][EUD]
03/09/99	82 <u>Related Docs</u>	No	ORDER granting/approving (debtor authorized to immediately pay Primus \$60,491.20) with ntc of entry/crt of mlg RE: Item #77 [EOD 03/10/99][EUD]
03/11/99	83	No	Request for special notice filed by Robert G Nelson MD Ann Nelson Lawrence C Nelson MD Carlos J Meitzner MD Rosario Meitzner Sharon L Weaver RN Roberto Moscoso MD and Jose M Paleo MD [EOD 03/11/99][EUD]
03/12/99	84 <u>Related Docs</u>	No	Notice of intent of debtor, to enter into post-petition management contract; and intent to classify as an administrative expense of the estate (no hrg required unless obj filed); w/proof of service [EOD 03/15/99][OCH]
03/26/99	85 <u>Related Docs</u>	No	Motion and Notice For Approval of Stipulation for Limited Modification of the Automatic Stay to Pursue Insurance Proceeds in State Court Litigation; Comments of the U.S. Trustee Moving Party Austin Daniel Filed by Debtor (No Hrg Required Unless Obj. Filed) With Proof of Service [Disposed] [EOD 03/29/99][JEF]
03/30/99	86 <u>Related Docs</u>	No	Declaration of John C. Tobin in support of debtor's ntc of intent to enter into post-petition management contract; and intent to classify as an administrative expense of the estate with proof of service RE: Item #84 [EOD 03/31/99][MYO]
03/30/99	87	No	ORDER granting/approving debtor's ntc of intent to enter into post-petition management contract; and intent to classify as an administrative expense of the estate with ntc of entry/cert of mlg Item #84 [EOD 03/31/99][MYO]
03/30/99	88 <u>Related Docs</u>	No	Notice of motion/application for extraordinary order authorizing debtor to immediately refund prepetition deposits due insured patients; with memo of pnts and auth with decl of Wm Miller [EOD 03/31/99] (DISPOSED) [EOD 04/30/99][DGR]
04/21/99	89 <u>Related Docs</u>	No	Declaration of John Tobin in support of order approving mtn for approval of stip for limited modification of the stay to pursue insurance proceeds in state court litigation RE: Item #85 [EOD 04/22/99][DGR]
04/21/99	90 <u>Related Docs</u>	No	ORDER granting/approving stipulation for limited modification of the stay to pursue insurance proceeds in state court litigation with ntc of entry and cert of mlg RE: Item #85 [EOD 04/22/99]

			[DGR]
04/21/99	91	No	Request for special notice filed by Richard Ott, MD [EOD 04/23/99][DGR]
04/21/99	92	No	Request for special notice filed by Inland Physicians Service [EOD 04/23/99][DGR]
04/20/99	93	No	Request for special notice filed by Copelco Capital, Inc [EOD 04/23/99][DGR]
04/22/99	94 Related Docs	No	Motion filed by debtor to modify motion for order setting bar date for filing claims against the debtor's estate to include and unknown class of creditors and to provide for service by publication and to modify ntc of claims deadline bar date, with memo of pnts and auth with decl of John Tobin (no hrg req) [Disposed] [EOD 04/23/99][DGR]
04/22/99	95 Related Docs	No	Declaration of John Tobin in support of mtn for order setting bar date for filing claims RE: Item #94 [EOD 04/23/99][DGR]
04/22/99	96 Related Docs	No	ORDER granting/approving Motion to modify mtn for order setting bar date for filing claims bar date set for 6/30/99 with ntc of entry and cert of mlg RE: Item #94 [EOD 04/23/99][DGR]
04/23/99	97 Related Docs	No	ORDER granting/approving Motion for approval of stipulation for limited modification of the stay to pursue insurance proceeds in state court litigation with ntc of entry and cert of mlg RE: Item #85 [EOD 04/23/99][DGR]
04/30/99	98 Related Docs	No	Hearing held Motion for extraordinary order authorizing debtor to refund prepetition deposits due insured patients GRANTED RE: Item #88 [EOD 04/30/99][DGR]
04/30/99	99	No	ORDER granting/approving debtors ntc of mtn and motion for extraordinary order authorizing debtor to immediately refund prepetition deposits due insured patients with ntc of entry and cert of mlg [EOD 04/30/99][DGR]

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FRENCH HOSPITAL MEDICAL CENTER

Jurisdiction	UCCs	Pending Suits and Judgments (State and Federal Court)	Tax Liens (including EPA And ERISA Liens)	Bankruptcy
San Luis Obispo County, California	<p>1. Fixture Filing Instrument # 1997-40246 Recorded 7/30/1997 Collateral: property located in San Luis Obispo County, CA</p> <p>2. UCC-1 Instrument # 2000-015585 Recorded 3/24/2000 SP: Heller Healthcare Finance Collateral: accounts receivable, chattel paper, contract rights, Lockbox Account, general intangibles, proceeds, software, records</p>	52 listed (beginning 1993) – local litigation, Searched as Defendant	None	None
California Secretary of State	22; 7 expired or terminated (See descriptions on Schedule 5.4)	Four (Federal Litigation Search – Searched as Defendant) See Attached	One Filed 7/29/93 File # 93154896 Filed 5/12/98 File # 98133CO492 (Release of Lien)	

CT CORPORATION SYSTEM**Search Report**

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza
Chicago, IL 60611-3608

Subject: French Hospital Medical Center

CT Order#: 5745882 SO**Customer Reference #1:** 070127**Customer Reference #2:** 0107

Jurisdiction: San Luis Obispo County, California

Search Type: UCC Liens - County Recorder**Searched:** 5 Years**Searched Through:** 12/10/02**Synopsis:** Original Financing Statement(s) : 2

See listing for additional information

Copies : 11

Please see attached fixture filing included for your
convenience**Search Type:** State Tax Liens - County Recorder**Searched:** 10 Years**Searched Through:** 12/10/02**Synopsis:** No Records Found**Search Type:** Local Litigation Search - Searched as Defendant - Superior Court**Searched:** 10 Years**Searched Through:** 12/10/02**Synopsis:** Civil Case(s) : 52

See listing for additional information

Note: The information set forth on the listing has been
obtained by abstract information and not directly from the
filings.As requested, copies are not included. To obtain copies,
please contact our office**Search Type:** Judgment Liens - County Recorder**Searched:** 5 Years**Searched Through:** 12/10/02

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
Fax: (888) 829-5819

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Signed _____

Recording Requested by:

CHICAGO TITLE COMPANY

Doc No: 1997-040246

Rec No: 00052148

When Recorded Mail to:

MARILYN P. DONN
POLKY LARDNER WEISSBURG & ARONSON
ONE IEM PLAZA, SUITE 3300
130 NORTH WABASH AVENUE
CHICAGO, ILLINOIS 60611-3608

Official Records
San Luis Obispo Co.
Julie L. Rodewald
Recorder
Jul 30, 1997
Time: 09:58

UCC 20.00

[7]

TOTAL 20.00

NATIONAL FINANCING STATEMENT (FORM UCC-1)

THIS SPACE FOR USE OF FILING OFFICER

FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is prepared for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)		B. FILING OFFICE ACCT. # (optional)	
C. RETURN COPY TO: (Name and Mailing Address)			
Marilyn P. Dunn Foley Lardner Weissburg & Aronson One IBM Plaza, Suite 3300 330 North Wabash Avenue Chicago, Illinois 60611-3608			
D. OPTIONAL DESIGNATION BY jurisdiction: <input type="checkbox"/> ILLINOIS/MISSOURI <input type="checkbox"/> CALIFORNIA/OREGON <input type="checkbox"/> TENNESSEE <input type="checkbox"/> NON-UCC FILING			

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME French Hospital Medical Center					
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 1911 Johnson Avenue		CITY San Luis Obispo	STATE CA	COUNTRY USA	POSTAL CODE 93401
1d. S.S. OR TAX I.D.# 77-0106277	OPTIONAL ADD'L INFO RE ENTITY DEBTOR	1e. TYPE OF ENTITY Non-profit Corp.	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION California	1g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE	

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS		CITY	STATE	COUNTRY	POSTAL CODE
2d. S.S. OR TAX I.D.#	OPTIONAL ADD'L INFO RE ENTITY DEBTOR	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE	

3. SECURED PARTY'S (ORIONAL SP or ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - Insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME First Trust of California, National Association					
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS 101 California Street, Suite 1150		CITY San Francisco	STATE CA	COUNTRY USA	POSTAL CODE 94111

4. This FINANCING STATEMENT covers the following types or items of property:

This Financing Statement is filed as a Fixture Filing and covers goods that are or are to become fixtures on the Real Property described in Exhibit A attached hereto and incorporated by this reference. This Fixture Filing is to be recorded in the Official Records of San Luis Obispo County, California.

This Fixture Filing covers all right, title and interest of Debtor in and to all fixtures, whether now owned or hereafter acquired by Debtor, located upon, attached and affixed to the Real Property described in Exhibit A.

5. CHECK <input type="checkbox"/> The FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest in collateral already subject to a security interest in another jurisdiction, whether it was brought into this state, or taken out of this state, or transferred to this state, or fell in accordance with other state or non-state provisions that would apply to it.	7. If filed in Florida, check one: <input type="checkbox"/> Documentary <input type="checkbox"/> Non-documentary
6. CHECK <input type="checkbox"/> If recorded in the REAL ESTATE RECORDS, attach additional information if applicable.	8. Check to REQUEST SEARCH CERTIFICATE(s) on Document (ADDITIONAL FEE) <input type="checkbox"/> All Documents <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2

EXHIBIT A

PARCEL A:

A portion of Parcel A of Parcel Map SLO 71-123 as shown on map recorded June 12, 1973 in Book 11 at Page 68 of Parcel Maps, along with a portion of Parcel B of Parcel Map SLO 82-152 as shown on map recorded June 29, 1983 in Book 33 at Page 81 of Parcel Maps, lying within the City and County of San Luis Obispo, State of California, being more particularly described as follows:

Commencing at a 2' x 2' hub tagged R.C.E. 6923 at the Easterly most corner of said Parcel B as shown on said Parcel Map SLO 82-152 being a point on the Southwesterly right-of-way line of Johnson Avenue; thence along said line North 36° 26' 20" West 245.00 feet to the Northerly most corner of said Parcel B and True Point of Beginning; thence along the Northwesterly line of said Parcel B South 53° 33' 40" West 258.13 feet; thence leaving said line South 36° 26' 20" East 4.60 feet; thence South 53° 33' 40" West 87.50 feet; thence South 35° 26' 20" East 26.91 feet; thence South 53° 33' 40" West 175.37 feet to a point on the boundary of said Parcel A of Parcel Map SLO 71-123; thence following said boundary along the following courses: North 36° 26' 20" West 273.16 feet; thence South 52° 58' 00" West 289.60 feet; thence South 37° 02' 00" East 48.60 feet to a 3/4" iron pipe with tag stamped "RCE 6923" as shown on said map; thence South 52° 58' 00" West 166.00 feet to a 1" iron pipe with tag stamped "RCE 6923" as shown on said map; thence North 37° 02' 00" West 170.00 feet to a 1" iron pipe with tag stamped "RCE 6923" as shown on said map; thence South 52° 58' 00" West 171.91 feet to a 1" iron pipe with tag stamped "RCE 6923" as shown on said map being a point on a 2000.00 foot radius curve concave Westerly, a radial line to said curve bears South 68° 41' 04" East; thence along the arc of said curve through a central angle of 10° 27' 35" for a distance of 365.11 feet to a 1" iron pipe with tag stamped "RCE 6923" as shown on said map; thence North 8° 39' 17" East 225.94' to a 1" iron pipe with tag stamped "RCE 6923" as shown on said map; thence North 8° 37' 12" East 178.19 feet to a 4' x 5' x 4' as shown on said map; thence South 81° 22' 48" East 10.00 feet to a S.P.R.R. R.O.W. marker as shown on said map; thence North 8° 37' 12" East 160.00 feet to a 3/4" iron pipe with tag stamped "RCE 6923" as shown on said map; thence North 81° 22' 48" West 10.00 feet; thence North 8° 37' 12" East 60.00 feet; thence South 81° 22' 48" East 10.00 feet; thence North 8° 37' 12" East 17.63 feet; thence South 43° 43' 07" East 31.11 feet to a 40.00 foot radius curve concave Northeastly, a radial line to said curve bears North 58° 33' 05" West; thence along the arc of said curve through a central angle of 125° 38' 40" for a distance of 87.72 feet to the beginning of a tangent 15.00 foot radius curve concave Southwesterly; thence along the arc of said curve through a central angle of 50° 28' 38" for a distance of 13.21 feet to a 3/4" iron pipe with tag stamped "RCE 6923" as shown on said map; thence South 43° 43' 07" East 281.73 feet to a 2 x 2 as shown on said map; thence North 50° 48' 00" East 115.50 feet to a 3/4" iron pipe with tag stamped "RCE 6923" as shown on said map; thence South 36° 22' 00" East 150.00 feet to a 1/2" iron pipe with tag stamped "RCE 6923" as shown on said map; thence North 50° 48' 00" East 100.00 feet to a 1 1/4" iron pipe with tag stamped "RCE 6923" as

DESCRIPTION

shown on said map; thence South 36° 26' 20" East 100.00 feet; thence North 50° 48' 00" East 50.00 feet; thence North 36° 26' 20" West 6.00 feet; thence North 50° 48' 00" East 93.54 feet to the Northeastly most corner of said Parcel A being a point on the Southwesterly right-of-way line of Johnson Avenue as shown on said map; thence along said line South 36° 26' 20" East 403.23 feet to the True Point of Beginning.

Except therefrom any portion of Church Street and Ruth Street, in the City of San Luis Obispo, as shown on Map of Loomis Addition to the City of San Luis Obispo, which would not pass by a conveyance of portions of Lots 17 and 18 in Block 178, portions of Lots 1 and 2 in Block 179 and portion of Lot 1 in Block 184 of said Loomis Addition to the City of San Luis Obispo.

PARCEL B:

Non-exclusive easements for (a) parking facilities and incidental rights of vehicular ingress and egress; and (b) for encroachments upon which there are located (i) a 4" PVC drain, light and stairs, and (ii) a concrete walk from the helicopter pad, red halport light, wind sock and wire and wood fence as granted by Pacific Medical Properties, a California partnership to AMISUB (French Hospital), a California corporation in the "Reciprocal Easement Agreement" recorded April 1, 1982 in Book 2358 at page 142 of Official Records in said County over the following described land:

Parcel B of Parcel Map SLO-71-123, in the City of San Luis Obispo, County of San Luis Obispo, State of California, recorded June 12, 1973 in Book 11 at page 68 of Parcel Maps, in the Office of the County Recorder of said County.

EXCEPTING therefrom any portion described in Parcel A hereinabove described.

PARCEL C:

Parcel A of Parcel Map No. SLO-82-152, in the City of San Luis Obispo, County of San Luis Obispo, State of California, according to map recorded June 25, 1983 in Book 33, Page 81 of Parcel Maps, in the Office of the County Recorder of said County.

PARCEL D:

A portion of Parcel 2 of Certificate of Compliance recorded February 24, 1993 in Book 4043 at page 35 of Official Records, re-recorded March 12, 1993 in Book 4051 at page 988 of Official Records, and re-recorded November 10, 1993 under Recorder's Series Number 1993-070380 of Official Records, being a portion of Parcel A of Parcel Map SLO 71-123, as shown on map recorded in Book 11 at page 68 of Parcel Maps, along with a portion of Parcel B of Parcel Map SLO 82-152, as shown on map recorded in Book 33 at page 81 of Parcel Maps, along with a portion of Lot 10 and Essex Street as shown on map recorded in Book A at page 101 of Maps, lying within the City of San Luis Obispo, County of San Luis Obispo, State of California, being more particularly described as follows:

Beginning at a 3/4" iron pipe with tag stamped "LS 3877" at the southerlymost corner of Parcel C of Parcel Map SLO 82-152 as shown on map recorded in Book 33 at page 81 of Parcel Maps; thence along the Northwesterly right-of-way line for Ella Street (formerly Essex Street), South 53°25'07" West 18.80 feet to a point on the Northeastly line of said Lot 10; thence continuing along said line South 53°25'07"

DESCRIPTION

West 4.55 feet to the Southeastly corner of that parcel of land abandoned by the City of San Luis Obispo by Resolution No. 5043 (1983 Series) recorded in Book 2463 at page 910 of Official Records of said County; thence along the Southwesterly line of said parcel of land North 36°02'07" West 21.63 feet to a point on the Southeastly line of Parcel B of Parcel Map SLO 82-152 as shown on said map; thence along said line South 53°20'13" West 3.98 feet to a 3/4" iron pipe with tag stamped "LS 3877"; thence continuing along said line North 43°55'32" West 50.40 feet to a 1-1/4" iron pipe with tag stamped "RE 6922" as shown on said map; thence South 53°29'21" West 139.14 feet to a 1" iron pipe with tag stamped "RCE 7720" at the southerlymost corner of said Parcel B; thence along the Southwesterly boundary line of said Parcel B North 45°50'21" West 196.68 feet; thence leaving said line North 53°32'16" East 253.01 feet; thence South 36°20'06" East 40.55 feet; thence South 81°20'06" East 11.60 feet; thence North 53°39'54" East 42.98 feet; thence South 81°20'06" East 10.55 feet; thence North 53°39'54" East 9.97 feet; thence South 36°20'06" East 117.23 feet to a point on the Southeastly boundary line of said Parcel B; thence along said line, South 53°24'38" West 91.63 feet; thence South 36°28'19" East 69.93 feet to a 3/4" iron pipe with tag stamped "LS 3877" as shown on said map; thence South 53°20'13" West 25.02 feet to a 3/4" iron pipe with tag stamped "LS 3877" as shown on said map; thence along the Southwesterly boundary line of Parcel C of said Parcel Map SLO 82-152 South 36°28'19" East 61.66 feet to the point of beginning.

PARCEL E:

An easement and right of way for ingress and egress and for sanitary sewer and for storm drain purposes through, over, under, along and across a portion of George Street in the Buena Vista Addition to the City of San Luis Obispo, as recorded in Book A at page 47 of Maps, records of San Luis Obispo County, California, said easement being 10.00 feet in width, extending 5.00 feet on each side of the following described center line:

Commencing at the most Southerly corner of Lot 4 of the Deleissiguz Tract as per map recorded in Book A at page 95 of Maps, records of San Luis Obispo County, California; thence following the Southwest line of said Lot 4, North 46° 00' 05" West, 67.00 feet to the True Point of Beginning; thence South 36° 09' West, 48.00 feet; thence South 52° 19' West, 188.00 feet to the end of said Easement.

PARCEL F:

An easement and right of way for ingress and egress and for parking purposes over portions of Iris Street, George Street, Lot 1 in Block 1 and Lot 8 in Block 6, all in the Buena Vista Addition to the City of San Luis Obispo, as recorded in Book A at page 47 of Maps, records of San Luis Obispo County California, said easement being described as follows:

Commencing at the most Easterly corner of Lot 8 in Block 6 of the Buena Vista Addition to the City of San Luis Obispo, said corner being a point on the Northwest line of Ella Street; thence following said line, South 52° 58' 50" West, 20.30 feet to the True Point of Beginning; thence continuing along said line, South 52° 58' 50" West, 29.00 feet; thence leaving said line and running North 36° 31' 40" West, 149.25 feet to the beginning of a curve to the left, having a radius of 10 feet and being tangent to the last described course; thence following said curve Westerly 15.71 feet through a central angle of 90° 00' 30" to the end of said curve; thence South 53° 28' 20" West, 12.50 feet; thence North 36° 31' 40" West, 239.75 feet to a point on the Northwest line of said Iris Street; thence following said line, North 52° 51' 10"

DESCRIPTION

East, 6.23 feet to the Northeast boundary line of said Buena Vista Addition to the City of San Luis Obispo, said line also being the Southwest line of the Deleissiguez Tract, according to map recorded in Book A at page 95 of Maps, records of San Luis Obispo County, California; thence following said line, South $46^{\circ} 00' 05''$ East, 274.19 feet; thence leaving said line and running South $36^{\circ} 31' 40''$ East, 128.41 feet to the True Point of Beginning.

EXCEPTING therefrom that portion lying within the following described land:

A portion of Parcel 2 of Certificate of Compliance recorded February 24, 1993 in Book 4043 at page 35 of Official Records, re-recorded March 12, 1993 in Book 4251 at page 988 of Official Records; and re-recorded November 10, 1993 under Recorder's Series Number 1993-070380 of Official Records, being a portion of Parcel A of Parcel Map SLO 71-123 as shown on map recorded in Book 11 at page 68 of Parcel Maps, along with a portion of Parcel B of Parcel Map SLO 83-152 as shown on map recorded in Book 33 at page 81 of Parcel Maps, lying within the City of San Luis Obispo, County of San Luis Obispo, State of California, being more particularly described as follows:

Beginning at a 2" X 2" hub tagged "RCE 6923" at the easterlymost corner of said Parcel B, being a point on the Southwesterly right-of-way line of Johnson Avenue as shown on said map; thence along said line North $36^{\circ} 26' 20''$ West 245.02 feet to a 1" iron pipe with tag stamped "LS 4819" at the northerlymost corner of said Parcel B; thence along the Northwesterly line of said Parcel B South $53^{\circ} 32' 16''$ West 258.13 feet; thence leaving said line South $25^{\circ} 27' 44''$ East 4.00 feet; thence South $53^{\circ} 32' 16''$ West 87.56 feet; thence South $36^{\circ} 27' 44''$ East 26.91 feet; thence South $53^{\circ} 32' 16''$ West 175.77 feet to a point on the boundary line of said Parcel B; thence along said line North $36^{\circ} 27' 52''$ West 273.33 feet to a 1" iron pipe with tag stamped "LS 4819"; thence along the Northwesterly boundary line of said Parcel B South $52^{\circ} 56' 06''$ West 76.24 feet to a 3/4" iron pipe with tag stamped "LS 3877" at the westerlymost corner of said Parcel B; thence along the Southwesterly boundary line of said Parcel B South $36^{\circ} 28' 45''$ East 230.04 feet; thence continuing along said line North $53^{\circ} 11' 04''$ East 13.15 feet to a 1" iron pipe with tag stamped "LS 3673"; thence South $45^{\circ} 50' 21''$ East 63.95 feet; thence leaving said Southwesterly boundary line of Parcel B North $53^{\circ} 32' 16''$ East 253.01 feet; thence South $36^{\circ} 20' 06''$ East 40.55 feet; thence South $81^{\circ} 20' 06''$ East 11.60 feet; thence North $53^{\circ} 39' 54''$ East 42.98 feet; thence South $81^{\circ} 20' 06''$ East 10.55 feet; thence North $53^{\circ} 39' 54''$ East 9.97 feet; thence South $36^{\circ} 20' 06''$ East 117.23 feet to a point on the Southeasterly boundary line of said Parcel B; thence along said line North $53^{\circ} 24' 38''$ East 108.38 feet; thence South $36^{\circ} 28' 19''$ East 20.00 feet; thence North $53^{\circ} 37' 53''$ East 144.30 feet to the point of beginning.

PARCEL G:

A non-exclusive easement for vehicular ingress, egress, parking and incidental purposes over, upon and across the parking facility areas located on Parcel A of Parcel Map No SLO-71-123, in the City of San Luis Obispo, County of San Luis Obispo, State of California, according to the map recorded June 12, 1973 in Book 11 at page 68 of Parcel Maps, as provided for in a reciprocal easement agreement recorded April 1, 1982 in Book 2398, page 142 of Official Records, in the Office of the County Recorder of said County.

PARCEL H:

A non-exclusive easement for common driveway and parking uses over Parcel C of Parcel Map SLO-83-152, recorded June 29, 1983 in Book 33 at page 81 of Parcel Maps, as set

Page 5

DESCRIPTION

forth in the agreement creating easements for common driveway and parking recorded July 29, 1983 in Book 2507 at page 303 of Official Records.

PARCEL I:

A 30 foot access easement for ingress and egress over that portion of "Sierra Way Abandoned" per Resolution No. 5043 T1983 Series, approved by the City Council of the City of San Luis Obispo, recorded February 14, 1983 in Book 2463 at page 910 of Official Records.

EXCEPTING therefrom that portion included in Parcel D described above.

END OF DOCUMENT

San Luis Obispo Co CA

PLEASE COMPLETE THIS INFORMATION

RECORDING REQUESTED BY:

Doc No: 2000-015585

Rpt No: 00020901

WHEN RECORDED MAIL TO:

LEXIE Document Services
P.O. Box 2969
Springfield, IL 62708

Official Records
San Luis Obispo Co.
Julie L. Rodewald
Recorder
Mar 24, 2000
Time: 11:49

UCC-1 10.00

[4]

TOTAL 10.00

UCC-1 FINANCING STATEMENT
TITLE OF DOCUMENT

THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION
(Govt. Code 27361.6)
(Additional recording fee applies)

THIS SPACE FOR USE OF FILING OFFICE

FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will become effective with certain exceptions (if 8 years from date of filing).

A. NAME & TEL. # OF CONTACT AT FILER (optional)	B. FILING OFFICE ACCT. # (optional)
C. RETURN COPY TO: (Name and Mailing Address)	
LEXIS DOCUMENT SERVICES INC PO BOX 2969 SPRINGFIELD, IL 62708 <i>J15601773</i>	
D. OPTIONAL DESIGNATION OF (optional)	LIEN RIGHTS ()
CONSUMER CREDIT ()	NON-UCC FILING ()

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME
French Hospital Medical Center

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE
1911 Johnson Avenue SAN LUIS OBISPO CA USA 93401

1d. S.E. OR TAX I.D.# 77-0106277 OPTIONAL ADD'N. INFO RE ENTITY DEBTOR 1e. TYPE OF ENTITY 1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION 1g. ENTITY'S ORGANIZATIONAL I.D.#, if any NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME

OR

2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE

2d. S.E. OR TAX I.D.# OPTIONAL ADD'N. INFO RE ENTITY DEBTOR 2e. TYPE OF ENTITY 2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION 2g. ENTITY'S ORGANIZATIONAL I.D.#, if any NONE

3. SECURED PARTY'S (ORIGINAL S/P OR ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - Insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME
Heller Healthcare Finance

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE
2 Wisconsin Circle 4th Floor CHEVY CHASE MD USA 20815

4. This FINANCING STATEMENT covers the following types or bases of property:
All accounts receivable and such other assets of Debtor as are described in Exhibit A attached hereto and made a part hereof.

CA-San Luis Obispo County

6. CHECK () This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor as required by a country's law. () If filed in Florida (check one):
 Debtor is a natural person subject to a security interest in real estate, and the Debtor is not exempt from this title, or where the Debtor is a corporation, partnership, or other entity, the Debtor is not exempt from this title, or where the Debtor is a partnership, the Debtor is not exempt from this title. () Debtor is not in Florida (check one):
 Debtor is not in Florida (check one):
 Debtor is not in Florida (check one):
 Debtor is not in Florida (check one):

6. REQUIRED SIGNATURE IN
French Hospital Medical Center

7. CHECK TO REQUEST SEARCH CERTIFICATE on Document (ADDITIONAL FEE) At Debtor's Expense Debtor's Expense

EXHIBIT A TO UCC-1 FINANCING STATEMENT

(a) All of Debtor's now owned and hereafter acquired or arising Accounts, and all of Debtor's contract rights, chattel paper, documents and instruments with respect thereto, and all of Debtor's rights, remedies, security and liens, in, to and in respect of the Accounts, including, without limitation, rights of stoppage in transit, replevin, repossession and reclamation and other rights and remedies of an unpaid vendor, lienor or secured party, guaranties or other contracts of suretyship with respect to the Accounts, deposits or other security for the obligation of any Account Debtor, and credit and other insurance;

(b) All of Debtor's right, title and interest in and to the Lockbox Account;

(c) All of Debtor's now owned and hereafter acquired or arising general intangibles and other property of every kind and description with respect to or evidencing its Accounts, including, but not limited to, all existing and future customer lists, choses in action, claims, books, records, ledger cards, contracts, rights and claims under insurance policies, and computer programs, information, software, records, and data, as the same relates to the Accounts;

(d) The proceeds (including, without limitation, insurance proceeds) of all of the foregoing.

For purposes hereof, the term "Account" shall mean any right to payment for goods sold or leased or services rendered, in each case related to the provision of Medical Services, whether or not evidenced by an instrument or chattel paper, and whether or not earned by performance, including, without limitation, the right to payment of management fees.

For purposes hereof, the term "Governmental Authority" means and includes any federal, state, District of Columbia, county, municipal, or other government and any department, commission, board, bureau, agency or instrumentality thereof, whether domestic or foreign.

For purposes hereof, the term "Insurer" means a Person that insures a Patient against certain of the costs incurred in the receipt by such Patient of Medical Services, or that has an agreement with Debtor to compensate Debtor for providing services to a Patient.

For purposes hereof, the term "Lockbox Account" means an account maintained by Debtor at Bank One Arizona, N.A., or another bank as agreed upon by Debtor and Secured Party or a successor financial institution, into which all collections of Accounts are paid directly.

For purposes hereof, the term "Medical Services" means Medical and health care services provided to a Patient, including, but not limited to, medical and health care services provided to a Patient and performed by Debtor which are covered by a policy of insurance

issued by an insurer, and includes physician services, nurse and therapist services, dental services, hospital services, skilled nursing facility services, comprehensive outpatient rehabilitation services, home health care services, residential and out-patient behavioral healthcare services, and medicine or health care equipment provided by Debtor to a Patient for a necessary or specifically requested valid and proper medical or health purpose.

For purposes hereof, the term "Patient" means any Person receiving Medical Services from Debtor and all Persons legally liable to pay Debtor for such Medical Services other than insurers.

For purposes hereof, the term "Person" means an individual, partnership, corporation, trust, joint venture, joint stock company, limited liability company, association, unincorporated organization, Governmental Authority, or any other entity.

CT CORPORATION SYSTEM

Search Report

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza
Chicago, IL 60611-3608

Subject: French Hospital Medical Center

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: California

Search Type: UCC Liens - Secretary of State

Searched: 5 Years

Searched Through: 12/03/02

Synopsis: Original Financing Statement(s) : 21

Assignment(s) : 3

Termination(s) : 1

See listing for additional information

Copies : 1

Search Type: State Tax Liens - Secretary of State

Searched: 10 Years

Searched Through: 12/03/02

Synopsis: No Records Found

Search Type: Judgment Liens - Secretary of State

Searched: 5 Years

Searched Through: 12/03/02

Synopsis: No Records Found

Search Type: Federal Tax Liens - Secretary of State

Searched: 10 Years

Searched Through: 12/03/02

Synopsis: Federal Tax Lien(s) : 1

Termination(s) : 1

See listing for additional information

Copies : 2

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
Fax: (888) 829-5819

This report contains information compiled from sources which CT Corporation System considers reliable, but does not control. Information provided is non-certified unless otherwise indicated. CT in no way undertakes or assumes any part of the customer's business, legal or similar risks, and does not guarantee the accuracy, completion, or timeliness of the information provided, and shall not be liable for any losses or injuries whatever resulting from any contingency beyond its control, or from negligence, regardless of the cause. The categorization of filings is provided for the convenience of the customer and is not to be construed as a legal opinion concerning the status of the filings.

Signed _____

CT CORPORATION - UCC DIVISION
UCC Search Report

The following represents a listing of the documentation you requested through a careful search of effective UCC filings recorded in the Office of the Secretary of State of California, licensed from the State or an independent third party and maintained in computerized form and available through our offices. Variations of the Name and Address of the search key may appear on this report as a result of the search findings and your individual request for that information. This report reflects records effective Dec. 03, 2002.

THIS DATA IS FOR INFORMATION PURPOSES ONLY. CERTIFICATION CAN ONLY BE OBTAINED THROUGH THE OFFICE OF THE CALIFORNIA SECRETARY OF STATE.

Because we cannot independently verify the accuracy of the public information maintained by the responsible government agency or other sources of this data, we make no guaranties, representations, or warranties as to the accuracy or completeness of this report. We cannot and do not accept any liability for errors or omissions.

State of California UCC Debtor Name Search results performed on the following Search Key :

Name = FRENCH HOSPITAL MEDICAL

Exp./Term. Liens = No

1. 93154896 filed on July 29, 1993 at 0800
expires on Mar. 25, 2002

Debtor FRENCH HOSPITAL MEDICAL CENTER
 1911 JOHNSON AVE
 SAN LUIS OBISPO CA

Sec.Pty. IRS - SAN JOSE
 825 M STREET
 FRESNO CA 93721

Termin. #98133C0492 filed on May 12, 1998

2. 9702860512 filed on Jan. 24, 1997 at 0800
expires on Jan. 24, 2002

Debtor FRENCH HOSPITAL MEDICAL CENTER
 1911 JOHNSON AVE
 SAN LUIS OBISPO CA 93401

Sec.Pty. AT&T CAPITAL LEASING SERVICES, INC.
 1505 LUNA RD
 CARROLLTON TX 75006

3. 9706660137 filed on Mar. 6, 1997 at 1534
expires on Mar. 6, 2002

Debtor FRENCH HOSPITAL MEDICAL CENTER
 1911 JOHNSON AVE
 SAN LUIS OBISPO CA 93401

Tax#/SSN-770106277

Sec.Pty. PYXIS CORPORATION
 9380 CARROLL PARK DR
 SAN DIEGO CA 92121

4. 9721360079 filed on July 30, 1997 at 1101
expires on July 30, 2002

Debtor FRENCH HOSPITAL MEDICAL CENTER
 1911 JOHNSON AVE
 SAN LUIS OBISPO CA 93401

Tax#/SSN-770106277

Sec.Pty. FIRST TRUST OF CALIFORNIA NATIONAL ASSOC
 IATION
 101 CALIFORNIA ST STE 1150

SAN FRANCISCO CA 94111

5. 9721360082 filed on July 30, 1997 at 1101
expires on July 30, 2002

Debtor FRENCH HOSPITAL MEDICAL CENTER Tax#/SSN-770106277
1011 JOHNSON AVE
SAN LUIS OBISPO CA 93401

Sec.Pty. FIRST TRUST OF CALIFORNIA NATIONAL ASSOC
IATION
101 CALIFORNIA ST STE 1150
SAN FRANCISCO CA

6. 9724760642 filed on Sep. 2, 1997 at 0800
expires on Sep. 3, 2002

Debtor FRENCH HOSPITAL MEDICAL CENTER Tax#/SSN-770106277
1911 JOHNSON AVE
SAN LUIS OBISPO CA 934014197

Sec.Pty. ROCHE DIAGNOSTIC SYSTEMS, INC. SUBSIDIAR
Y OF HOFFMAN LA ROCHE, INC.
1080 U.S. HWY 202
SOMERVILLE NJ 08876

7. 9808660772 filed on Mar. 27, 1998 at 1148
expires on Mar. 27, 2003

Debtor FRENCH HOSPITAL MEDICAL CENTER
1911 JOHNSON AVE
SAN LUIS OBISPO CA 93401

Sec.Pty. GENERAL ELECTRIC COMPANY
POB 414 W-490
MILWAUKEE WI 53201

8. 9808660778 filed on Mar. 27, 1998 at 1148
expires on Mar. 27, 2003

Debtor FRENCH HOSPITAL MEDICAL CENTER
1911 JOHNSON AVE
SAN LUIS OBISPO CA 93401

Sec.Pty. GENERAL ELECTRIC COMPANY
POB 414 W490
MILWAUKEE WI 53201

9. 9813160817 filed on May 8, 1998 at 1556
expires on May 8, 2003

Debtor FRENCH HOSPITAL MEDICAL CENTER
1911 JOHNSON AVE
SAN LUIS OBISPO CA 93401

Sec.Pty. GENERAL ELECTRIC COMPANY
POB 414, W-490
MILWAUKEE WI 53201

10. 9822460091 filed on Aug. 10, 1998 at 0800
expires on Aug. 11, 2003

Debtor FRENCH HOSPITAL MEDICAL CENTER
1911 JOHNSON AVE
SAN LUIS OBISPO CA 93401

Debtor FRENCH HOSPITAL MEDICAL CENTER TRANSITIO
NAL CARE FACILITY
1911 JOHNSON AVE
SAN LUIS OBISPO CA 93401

Sec.Pty. CAPITAL HEALTHCARE FINANCING, A DIVISION
OF CAPITAL FACTORS, INC.
120 E PALMETTO PK RD 5TH FL
BOCA RATON FL 33432

Assgnmnt #99239C0073 filed on Aug. 23, 1999
Assgnmnt #99239C0077 filed on Aug. 23, 1999
Termin. #00127C0016 filed on May 2, 2000

11. 0004960398 filed on Feb. 15, 2000 at 0800
expires on Feb. 15, 2005

Debtor FRENCH HOSPITAL MEDICAL CENTER
1911 JOHNSON AVE
SAN LUIS OBISPO CA 93401

Sec.Pty. ROCHE DIAGNOSTICS CORPORATION
POB 50457
9115 HAGUE RD
INDIANAPOLIS IN 462500457

12. 0006660840 filed on Mar. 2, 2000 at 0800
expires on Mar. 2, 2005

Debtor FRENCH HOSPITAL MEDICAL CENTER Tax#/SSN-770106277
1911 JOHNSON AVE
SAN LUIS OBISPO CA 93401

Sec.Pty. BAYER CORPORATION DIAGNOSTICS DIVISION
115 NORWOOD PARK S
NORWOOD MA 02062

13. 0008160394 filed on Mar. 16, 2000 at 0800
expires on Mar. 16, 2005

Debtor FRENCH HOSPITAL MEDICAL CENTER Tax#/SSN-770106277
1911 JOHNSON AVE
SAN LUIS OBISPO CA 93401

Sec.Pty. U S BANK TRUST NATIONAL ASSOCIATION AS M
ASTER TRUSTEE
180 E 5TH ST
ST PAUL MN 55101

14. 0008760367 filed on Mar. 24, 2000 at 1141
expires on Mar. 24, 2005

Debtor FRENCH HOSPITAL MEDICAL CENTER Tax#/SSN-770106277
1911 JOHNSON AVE
SAN LUIS OBISPO CA 93401

Sec.Pty. HELLER HEALTHCARE FINANCE
2 WISCONSIN CR 4TH FL
CHEVY CHASE MD 20815

15. 0100960625 filed on Dec. 29, 2000 at 0800
expires on Dec. 29, 2005

Debtor FRENCH HOSPITAL MEDICAL CENTER A CALIFOR
NIA CORPORATION
1911 JOHNSON BLVD
SAN LUIS OBISPO CA 93401

Sec.Pty. AGFA CORP
200 BALLARDVALE ST
WILMINGTON MA 01887

16. 0100960935 filed on Dec. 29, 2000 at 0800
expires on Dec. 29, 2005

Debtor FRENCH HOSPITAL MEDICAL CENTER
1911 JOHNSON AVE
SAN LUIS OBISPO CA 93401

Sec.Pty. ROCHE DIAGNOSTICS CORPORATION
9115 HAGUE RD
INDIANAPOLIS IN 46250

17. 0121160632 filed on July 25, 2001 at 1700
expires on July 25, 2006

Debtor FRENCH HOSPITAL MEDICAL CENTER, A CALIFOR
NIA CORPORATION
1911 JOHNSON AVENUE
SAN LUIS OBISPO CA 93403

Sec.Pty. PREFERRED CAPITAL, INC.
6860 W. SNOWVILLE ROAD SUITE 110
BRECKSVILLE OH 44141

Sec.Pty. THE RIPLEY NATIONAL BANK
101 MAIN STREET
RIPLEY OH 45167

Assgnmnt #02128C0410 filed on May 7, 2002

18. 0122660368 filed on Aug. 13, 2001 at 1543
expires on Aug. 13, 2006

Debtor FRENCH HOSPITAL MEDICAL CENTER
1911 JOHNSON AVE
SAN LUIS OBISPO CA 93401

Tax#/SSN-770106277

Sec.Pty. GENERAL ELECTRIC COMPANY
20225 WATERTOWER BLVD STE 200
BROOKFIELD WI 53045

19. 0211460671 filed on Apr. 23, 2002 at 1549
expires on Apr. 23, 2007

Debtor FRENCH HOSPITAL MEDICAL CENTER
1911 JOHNSON AVENUE
SAN LUIS OBISPO CA 93401

Sec.Pty. OLYMPUS AMERICA INC.
TWO CORPORATE CENTER DRIVE
MELVILLE NY 11747

20. 0217860563 filed on June 27, 2002 at 1143
expires on June 27, 2007

Debtor FRENCH HOSPITAL MEDICAL CENTER
1911 JOHNSON AVE
SAN LUIS OBISPO CA 93401

Sec.Pty. HELLER HEALTHCARE FINANCE, INC.
2 WISCONSIN CIRCLE, 4TH FLOOR
CHEVY CHASE CA 20815

21. 0221260757 filed on July 30, 2002 at 1336
expires on July 30, 2007

Debtor FRENCH HOSPITAL MEDICAL CENTER
1911 JOHNSON
SAN LUIS OBISPO CA 93401

Tax#/SSN-770106277

Sec.Pty. MID-STATE BANK & TRUST
1026 GRAND AVENUE PO BOX 580
ARROYO GRANDE CA 934210580

22. 0232960608 filed on Nov. 25, 2002 at 1151
expires on Nov. 25, 2007

Debtor FRENCH HOSPITAL MEDICAL CENTER
1911 JOHNSON AVE
SAN LUIS OBISPO CA 93401

Sec.Pty. GE CAPITAL CORPORATION
10 RIVERVIEW DRIVE
DANBURY CT 06810

[End of report]

9702860512



140000-00-10000000000000000000

FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY
This Financing Statement is prepared for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (approved) & FILER'S OFFICE ACCT. # (approved)

C. RETURN COPY TO (Name and Mailing Address):
Data File Services, Inc.
P.O. Box 275
Van Nuys, CA 91409-0275

FILED
SACRAMENTO, CA
JAN 24, 1997 AT 0800

BILL JONES
SECRETARY OF STATE

D. OPTIONAL CHARACTERIZATION OF COLLATERAL: IF SECURED BY MORTGAGE, COMPLETION-COMPLETION, NON-SECURED

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) FILED WITH CENOTIS

1a. FRENCH HOSPITAL MEDICAL CENTER
PLEASE CROSS INDEX ALL DEBTOR NAMES/ADDRESSES

OR 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE
1811 JOHNSON AVENUE SAN LUIS OBISPO CA 93401

1d. U.S. OR TAX ID # OPTIONAL 1e. TYPE OF ENTITY 1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION 1g. ENTITY'S ORGANIZATIONAL ID # if any NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) Equipment/Lease No: 601051

2a. ENTITY'S NAME

OR 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE

2d. U.S. OR TAX ID # OPTIONAL 2e. TYPE OF ENTITY 2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION 2g. ENTITY'S ORGANIZATIONAL ID # if any NONE

3. SECURED PARTY'S ORIGINAL OR THE TOTAL ASSIGNEE'S EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. AT&T Capital Leasing Services, Inc.

OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE
1605 Lurie Road, Suite 134 Carrollton TX 75008

4. THIS FINANCING STATEMENT covers the following types of items of property:
(1) NOVUS 2000 DUAL FIBER LASER SYSTEM (FOR INFORMATIONAL PURPOSES ONLY: "COHERENT MEDICAL GROUP, A DIVISION OF COHERENT, INC." WAS THE FORMER SECURED PARTY, ASSIGNING TO: "AT&T CAPITAL LEASING SERVICES, INC.") This transaction is a true lease and is not intended by the parties as a secured transaction. Filing is only intended to make the true lease a matter of public record. The lessor is the owner of such property including all accessories, attachments, additions and any substitutions of similar equipment types, and the lessee has no rights, express or implied to sell, exchange, encumber or otherwise dispose of such property.
Equipment/Lease No: 601851

5. CHECK: This FINANCING STATEMENT is signed by the Debtor, with consent of the Creditor to perfect a security interest. (a) Is collateral already subject to a security interest of another creditor when it was brought into the state, or when the debtor's location was changed to this state, or (b) is there a change of other statutory provisions (additional data may be required). Documentary stamp tax paid Documentary stamp tax not applicable

6. This FINANCING STATEMENT is to be filed (not recorded) in the REAL ESTATE RECORDS (if applicable). Attach Addendum

7. Debtor to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) (ADDITIONAL FEE) (optional) All Debtors: Debtor 1 / Debtor 2

9706660137



FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and is a public document with public availability for 5 years from date of filing.

A. NAME & TEL # OF CONTACT AT FILER (optional)	B. FILER OFFICE ACCT. # (optional)
C. RETURN COPY TO (Street and Mailing Address) LEXIS Document Services 420 11th Street Suite B Sacramento CA 95814	

PS-0000-767-8

FILED
SACRAMENTO CA
MAR 08 1997 AT 1534
BILL JONES
SECRETARY OF STATE

D. OPTIONAL DEMONSTRATION IF APPLICABLE	UNBORN/UNBORN	CONVINCOR/CONVINCOR	NON-UCC FILING
---	---------------	---------------------	----------------

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME French Hospital Medical Center			
OR			
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 1911 JOHNSON AVENUE		CITY San Luis Obispo	STATE COUNTRY POSTAL CODE CA USA 93401
1d. E.E. OR TAX ID # 770106277	OPTIONAL ADD'L INFO RE ENTITY DESIGN	1e. TYPE OF ENTITY	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION
			1g. ENTITY'S ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME			
OR			
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE COUNTRY POSTAL CODE
2d. E.E. OR TAX ID #	OPTIONAL ADD'L INFO RE ENTITY DESIGN	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION
			2g. ENTITY'S ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

3. SECURED PARTY'S (ORIGINAL SP OR ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME PYLE Corporation			
OR			
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 9885 Cartoll Park Drive		CITY San Diego	STATE COUNTRY POSTAL CODE CA 92121

4. THE FINANCING STATEMENT IS MORE FULLY DESCRIBED ON ATTACHED EXHIBIT. *AH/Albert*
REF. # 7003437-001

COUNTER RECEIPT

5. CHECK BOX <input type="checkbox"/> THE FINANCING STATEMENT is signed by the Secured Party (person or the Debtor) to perfect a security interest in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's business was changed by this state, or (b) in accordance with other statutory provisions (additional date or to be recorded)	7. F (and in Florida, check and) Documentary stamp tax paid <input type="checkbox"/> Documentary stamp tax not applicable <input type="checkbox"/>
6. RECEIVED BY <i>JEY Miller Signing as Dog for French Hospital Medical Center</i>	8. Check to REQUEST SEARCH CERTIFICATE (S) on Debtor(s) (ADDITIONAL FEE) <input type="checkbox"/> As Debtor <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 <input type="checkbox"/>

Attachment 1

**French Hospital Medical Center
7003437-001**

All Pyxis equipment manufactured by Pyxis Corporation whether new or used, presently owned or hereafter acquired, and any and all additions, attachments, accessories thereto, any and all substitutions, replacements, or exchanges therefor, and any and all insurance and or proceeds thereof. This financing statement is filed solely for notice and precautionary purposes and the filing thereof shall not be deemed evidence of any intention of the parties to create a security interest under the Uniform Commercial Code or to enter into other than a true lease transaction.

9706660137

9721360079



FINANCING STATEMENT — FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is prepared for filing pursuant to the Uniform Commercial Code and is not intended to affect, with certain exceptions, for 3 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)		E. FILING OFFICE ACCT. # (optional)	
C. RETURN COPY TO (Name and Mailing Address)			
Marilyn F. Dunn Foley Lardner Weissburg & Aronson One IBM Plaza, Suite 3300 330 North Wabash Avenue Chicago, Illinois 60611-3608			
D. OPTIONAL DESIGNATION OF		NON-UCC FILING	

FILED
SACRAMENTO, CA
JUL 30 1997 AT 1101

BILL JONES
SECRETARY OF STATE

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME French Hospital Medical Center					
OR 1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 1911 Johnson Avenue		CITY San Luis Obispo	STATE CA	COUNTRY USA	POSTAL CODE 93401
1d. S.S. OR TAX I.D.# 77-0106277	OPTIONAL ADD'L INFO RE ENTITY DESIGN	1e. TYPE OF ENTITY Nonprofit	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION California	1g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE	

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME					
OR 2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS		CITY	STATE	COUNTRY	POSTAL CODE
2d. S.S. OR TAX I.D.#	OPTIONAL ADD'L INFO RE ENTITY DESIGN	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE	

3. SECURED PARTY'S ORIGINAL SP or ITS TOTAL ASSIGNED EXACT FULL LEGAL NAME - Insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME First Trust of California, National Association					
OR 3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS 101 California Street, Suite 1150		CITY San Francisco	STATE CA	COUNTRY USA	POSTAL CODE 94111

4. The FINANCING STATEMENT covers the following types or items of property.

All articles of personal property,
including all fixtures, used in connection
with the Real Property described in
Exhibit A attached hereto.

COUNTER RECEIPT

5. CHECK <input type="checkbox"/> This FINANCING STATEMENT is signed by the Secured Party, instead of the Debtor, to perfect a security interest in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the Debtor's liability was changed to the state, or if in compliance with other statutory provisions. (Additional fees may be required.)	7. If filed in Florida (check one) <input type="checkbox"/> Documentary stamp fee not applicable <input type="checkbox"/> Documentary stamp fee not applicable
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed for record in the REAL ESTATE RECORDS. Address: _____ If applicable	8. Check to REQUEST SEARCH CERTIFICATE in Debtor's (Additional Fee) <input type="checkbox"/> All Debtor <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2

FRENCH HOSPITAL MEDICAL CENTER

UCC-1 Financing Statement

Exhibit A

LEGAL DESCRIPTION OF REAL PROPERTY

PARCEL A:

A portion of Parcel A of Parcel Map SLO 71-123 as shown on map recorded June 12, 1973 in Book 11 at Page 68 of Parcel Maps, along with a portion of Parcel B of Parcel Map SLO 82-152 as shown on map recorded June 29, 1983 in Book 33 at Page 81 of Parcel Maps, lying within the City and County of San Luis Obispo, State of California, being more particularly described as follows:

Commencing at a 2" x 2" hub tagged R.C.E. 6923 at the Easterly most corner of said Parcel B as shown on said Parcel Map SLO 82-152 being a point on the Southwesterly right-of-way line of Johnson Avenue; thence along said line North 36° 26' 20" West 245.00 feet to the Northerly most corner of said Parcel B and True Point of Beginning; thence along the Northwesterly line of said Parcel B South 53° 33' 40" West 258.13 feet; thence leaving said line South 36° 26' 20" East 4.00 feet; thence South 53° 33' 40" West 87.50 feet; thence South 36° 26' 20" East 26.91 feet; thence South 53° 33' 40" West 175.37 feet to a point on the boundary of said Parcel A of Parcel Map SLO 71-123; thence following said boundary along the following courses: North 36° 26' 20" West 273.16 feet; thence South 52° 58' 00" West 289.60 feet; thence South 37° 02' 00" East 48.60 feet to a 3/4" iron pipe with tag stamped "RCE 6923" as shown on said map; thence South 52° 58' 00" West 166.00 feet to a 1" iron pipe with tag stamped "RCE 6923" as shown on said map; thence North 37° 02' 00" West 170.00 feet to a 1" iron pipe with tag stamped "RCE 6923" as shown on said map; thence South 52° 58' 00" West 171.91 feet to a 1" iron pipe with tag stamped "RCE 6923" as shown on said map being a point on a 2000.00 foot radius curve concave Westerly, a radial line to said curve bears South 68° 41' 04" East; thence along the arc of said curve through a central angle of 10° 27' 35" for a distance of 365.11 feet to a 1" iron pipe with tag stamped "RCE 6923" as shown on said map; thence North 8° 39' 17" East 225.94' to a 1" iron pipe with tag stamped "RCE 6923" as shown on said map; thence North 8° 37' 12" East 178.19 feet to a 4" x 5" x 4" as shown on said map; thence South 81° 22' 48" East 10.00 feet to a S.P.R.R. R.O.W. marker as shown on said map; thence North 8° 37' 12" East 160.00 feet to a 3/4" iron pipe with tag stamped "RCE 6923" as shown on said map; thence North 81° 22' 48" West 10.00 feet; thence North 8° 37' 12" East 60.00 feet; thence South 81° 22' 48" East 10.00 feet; thence North 8° 37' 12" East 17.63 feet; thence South 43° 43' 07" East 31.11 feet to a 40.00 foot radius curve concave Northeasterly, a radial line to said curve bears

North 58° 33' 05" West; thence along the arc of said curve through a central angle of 125° 38' 40" for a distance of 87.72 feet to the beginning of a tangent 15.00 foot radius curve concave Southwesterly; thence along the arc of said curve through a central angle of 50° 28' 38" for a distance of 13.21 feet to a 3/4" iron pipe with tag stamped "RCE 6923" as shown on said map; thence South 43° 43' 07" East 281.73 feet to a 2 x 2 as shown on said map; thence North 50° 48' 00" East 115.50 feet to a 3/4" iron pipe with tag stamped "RCE 6923" as shown on said map; thence South 36° 22' 00" East 150.00 feet to a 1/2" iron pipe with tag stamped "RCE 6923" as shown on said map; thence North 50° 48' 00" East 100.00 feet to a 1 1/4" iron pipe with tag stamped "RCE 6923" as shown on said map; thence South 36° 26' 20" East 100.00 feet; thence North 50° 48' 00" East 50.00 feet; thence North 36° 26' 20" West 6.00 feet; thence North 50° 48' 00" East 93.54 feet to the Northeasterly most corner of said Parcel A being a point on the Southwesterly right-of-way line of Johnson Avenue as shown on said map; thence along said line South 36° 26' 20" East 403.23 feet to the True Point of Beginning.

Except therefrom any portion of Church Street and Ruth Street, in the City of San Luis Obispo, as shown on Map of Loomis Addition to the City of San Luis Obispo, which would not pass by a conveyance of portions of Lots 17 and 18 in Block 178, portions of Lots 1 and 2 in Block 179 and portion of Lot 1 in Block 184 of said Loomis Addition to the City of San Luis Obispo.

PARCEL B:

Non-exclusive easements for (a) parking facilities and incidental rights of vehicular ingress and egress; and (b) for encroachments upon which there are located (i) a 4" PVC drain, light and stairs, and (ii) a concrete walk from the helicopter pad, red heliport light, wind sock and wire and wood fence as granted by Pacific Medical Properties, a California partnership to AMISUB (French Hospital), a California corporation in the "Reciprocal Easement Agreement" recorded April 1, 1982 in Book 2398 at page 142 of Official Records in said County over the following described land:

Parcel B of Parcel Map SLO-71-123, in the City of San Luis Obispo, County of San Luis Obispo, State of California, recorded June 12, 1973 in Book 11 at page 68 of Parcel Maps, in the Office of the County Recorder of said County.

EXCEPTING therefrom any portion described in Parcel A hereinabove described.

A.P.N. _____.

9721360082



FINANCING STATEMENT — FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 3 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)		B. FILING OFFICE ACCT # (optional)	
C. RETURN COPY TO: Name and Mailing Address			
Marilyn F. Damon Foley Lardner Weissburg & Aronson One IBM Plaza, Suite 3300 330 North Wabash Avenue Chicago, Illinois 60611-3608			
D. OPTIONAL DESIGNATION IF APPLICABLE		LESSOR/LESSEE	CONSIGNOR/CONSIGNEE
			NON-UCC FILING

FILED
SACRAMENTO CA
JUL 30 1997 AT 1101

BILL JONES
SECRETARY OF STATE

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME French Hospital Medical Center				
OR		1b. INDIVIDUAL'S LAST NAME		FIRST NAME
				MIDDLE NAME
				SUFFIX
1c. MAILING ADDRESS 1911 Johnson Avenue			CITY San Luis Obispo	STATE CA
			COUNTRY USA	POSTAL CODE 93401
1d. SS OR TAX ID # 77-0106277	OPTIONAL ADD'L INFO RE ENTITY DEBTOR	1e. TYPE OF ENTITY Non-profit	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	
			1g. ENTITY'S ORGANIZATIONAL I.D.S. # (if any) <input type="checkbox"/> NONE	

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME				
OR		2b. INDIVIDUAL'S LAST NAME		FIRST NAME
				MIDDLE NAME
				SUFFIX
2c. MAILING ADDRESS			CITY	STATE
			COUNTRY	POSTAL CODE
2d. SS OR TAX ID #	OPTIONAL ADD'L INFO RE ENTITY DEBTOR	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	
			2g. ENTITY'S ORGANIZATIONAL I.D.S. # (if any) <input type="checkbox"/> NONE	

3. SECURED PARTY'S (ORIGINAL SP OR ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME First Trust of California, National Association				
OR		3b. INDIVIDUAL'S LAST NAME		FIRST NAME
				MIDDLE NAME
				SUFFIX
3c. MAILING ADDRESS 101 California Street, Suite 1150			CITY San Francisco	STATE CA
			COUNTRY USA	POSTAL CODE

4. THIS FINANCING STATEMENT covers the following types of property:

See attached Exhibit A:

COUNTER RECEIPT

6. CHECK <input type="checkbox"/> The FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest.	7. If filed in Florida, check: <input type="checkbox"/> Documentary stamp tax not collected
8. If in another state subject to a security interest in another jurisdiction when it was brought into this state, or when the Debtor's location was changed to this state, or if in accordance with other applicable provisions, indicate date that it was filed.	<input type="checkbox"/> Documentary stamp tax not collected
9. The FINANCING STATEMENT is to be filed (the record) for recording in the REAL ESTATE RECORDS.	Address: _____
10. CHECK TO REQUEST SEARCH CERTIFICATE (on Debtor's) (ADDITIONAL FEE)	<input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2

FRENCH HOSPITAL MEDICAL CENTER

UCC-1 Financing Statement - Gross Revenues

Exhibit A

All Gross Revenues of the Debtor described as follows:

All revenues, income, receipts and money received by or on behalf of the Obligated Group from all sources, including (a) gross revenues derived from their operation and possession of each Member's facilities, including, but not limited to, the Property, Plant and Equipment, (b) gifts, grants, bequests, donations and contributions, exclusive of any gifts, grants, bequests, donations and contributions to the extent specifically restricted by the donor to a particular purpose inconsistent with their use for the payment of Required Payments, (c) proceeds derived from (i) condemnation proceeds (subject to the provisions of Section 3.15), (ii) accounts receivable (other than the OrNda Accounts Receivables which are hereby specifically excluded), (iii) securities and other investments, (iv) inventory and other tangible and intangible property, (v) medical reimbursement programs and agreements, (vi) insurance proceeds (subject to the provisions of Section 3.15), and (vii) contract rights and other rights and assets now or hereafter owned by each Member, and (d) rentals received from the lease of office space. Capitalized terms used herein shall have the meanings ascribed thereto in that certain master indenture of trust, dated as of December 1, 1990, as amended, by and between the Debtor and First Trust of California, National Association, as successor to Bankers Trust Company of California, National Association, as master trustee.

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9724760642



FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is prepared for filing pursuant to the Uniform Commercial Code and will remain effective with certain exceptions for 5 years from date of filing.

A NAME & TEL # OF CONTACT AT FILER (optional)		B FILING OFFICE ACCT # (optional)	
C RETURN COPY TO (Name and Mailing Address)			
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Return Acknowledgment to: Data File Services, Inc. P.O. Box 275 Van Nuys, CA 91408-0275</p> </div>			
D OPTIONAL DESIGNATION / APPROVAL: <input type="checkbox"/> UNDISCLOSED <input type="checkbox"/> DISCLOSED <input type="checkbox"/> NON UCC FILING			

FILED
SACRAMENTO CA
SEP 02 1997 AT 0800
BILL JONES
SECRETARY OF STATE

1 DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a ENTITY'S NAME				
French Hospital Medical Center				
OR				
1b INDIVIDUAL'S LAST NAME		FIRST NAME	MAIDEN NAME	SUFFIX
2c MAILING ADDRESS				
1911 Johnson Avenue		San Luis Obispo	CA	USA 93401-4197
2d SS OR TAX ID#	OPTIONAL ADDN INFO RE ENTITY/DEBTOR	2e TYPE OF ENTITY	2f ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2g ENTITY'S ORGANIZATIONAL ID# if any
77-0106277		Corporation	California	

2 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a ENTITY'S NAME				
OR				
2b INDIVIDUAL'S LAST NAME		FIRST NAME	MAIDEN NAME	SUFFIX
2c MAILING ADDRESS				
		CITY	STATE	COUNTRY POSTAL CODE
2d SS OR TAX ID#	OPTIONAL ADDN INFO RE ENTITY/DEBTOR	2e TYPE OF ENTITY	2f ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2g ENTITY'S ORGANIZATIONAL ID# if any

3 SECURED PARTY'S (ORIGINAL SP OR ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a ENTITY'S NAME				
Roche Diagnostic Systems, Inc. Subsidiary of Hoffman La Roche, Inc.				
OR				
3b INDIVIDUAL'S LAST NAME		FIRST NAME	MAIDEN NAME	SUFFIX
3c MAILING ADDRESS				
1080 U.S. Highway 202		Somerville	N.J.	USA 08876

4 THIS FINANCING STATEMENT COVERS THE FOLLOWING TYPE(S) OF PROPERTY:

All of debtor's rights, title, and interest, whether now owned or hereafter acquired, in and to that certain COBAS INTEGRA 700 Chemistry System and all parts thereof, and all accessories, substitutions, additions, replacements, or proceeds.

5 CHECK BOX	This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest in collateral already subject to a security interest in another jurisdiction when it was brought into this state or when the Debtor's location was changed to this state or when it is otherwise appropriate with other UCC jurisdiction rules to be required.	7 FILING FEES (UCC1 \$19)	Documentary Stamp Tax (if any)	Documentary Stamp Tax (if any)
8 THIS FINANCING STATEMENT IS TO BE FILED FOR RECORD IN THE REAL ESTATE RECORDS AND ASSIGNED (if applicable)		9 CHECK TO REQUEST SEARCH CERTIFICATE(S) ON DEBTOR(S) (OPTIONAL)		
		at Debtor's	Debtor's	Debtor's

(1) FILING OFFICER COPY



This FINANCING STATEMENT is presented for filing and will remain effective with certain exceptions for a period of five years from the date of filing pursuant to section 5403 of the California Uniform Commercial Code.

1. DEBTOR (LAST NAME FIRST - IF AN INDIVIDUAL) French Hospital Medical Center		1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
1B. MAILING ADDRESS 1411 Johnson Avenue		1C. CITY, STATE SAN LUIS OBISPO, CA	1D. ZIP CODE 93401
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST - IF AN INDIVIDUAL)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
3. DEBTOR'S TRADE NAMES OR STYLES (IF ANY)		3A. FEDERAL TAX NUMBER	
4. SECURED PARTY NAME General Electric Company MAILING ADDRESS P.O. Box 414, W-490 CITY MILWAUKEE STATE WI ZIP CODE 53201		4A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND ABA NO. 14-0689340	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND ABA NO.	

6. This FINANCING STATEMENT covers the following types or items of property (include description of real property on which located and owner of record when required by instruction 4).
1- Signa 1.5T LX MP System. Contract No. _____ FDO No. B30-_____. And all additions, accessions, modifications, improvements, replacements, substitutions and accessories thereto and therefor, or hereafter acquired.

COUNTER RECEIPT

7. CHECK IF APPLICABLE <input checked="" type="checkbox"/>	7A. <input type="checkbox"/> PRODUCTS OF COLLATERAL ARE ALSO COVERED	7B. DEBTOR(S) SIGNATURE NOT REQUIRED IN ACCORDANCE WITH INSTRUCTION 6 (a) ITEM: <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4)
8. CHECK IF APPLICABLE <input checked="" type="checkbox"/>	<input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH UCC 9105 (1) (a)	

9. SIGNATURE OF DEBTOR(S)	C D E F 1 2 3 4 5 6 7 8 9 0	10. THIS SPACE FOR USE OF FILING OFFICER (DATE, TIME, FILE NUMBER AND FILING OFFICER)
TYPE OR PART NAME(S) OF DEBTOR(S) French Hospital Medical Center		
SIGNATURE(S) OF SECURED PARTY(IES)		
TYPE OR PART NAME(S) OF SECURED PARTY(IES) General Electric Company		
11. Return copy to: NAME : LEXIS Document Services ADDRESS : 929 11th Street CITY : Suite B STATE : Sacramento CA 95814 ZIP CODE : PG-0000-767-8		9808660772   FILED SACRAMENTO, CA MAR 27, 1998 AT 1148 BILL JONES SECRETARY OF STATE

(1) FILING OFFICER COPY

FORM UCC-1
Approved by the Secretary of State

133197A 23

(1) 4.5

This FINANCING STATEMENT is presented for filing and will remain effective with certain exceptions for a period of five years from the date of filing pursuant to section 9403 of the California Uniform Commercial Code.

1. DEBTOR (LAST NAME FIRST - IF AN INDIVIDUAL) French Hospital Medical Center		1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2. MAILING ADDRESS 1511 Johnson Avenue		1C. CITY, STATE SAN LUIS OBISPO, CA	1B. ZIP CODE 93401
3. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST - IF AN INDIVIDUAL)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
3B. MAILING ADDRESS		3C. CITY, STATE	3D. ZIP CODE
3. DEBTOR'S TRADE NAMES OR STYLES (IF ANY)		3A. FEDERAL TAX NUMBER	
4. SECURED PARTY NAME General Electric Company MAILING ADDRESS P.O. Box 414, W-490 CITY MILWAUKEE STATE WI ZIP CODE 53201		4A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.A. NO. 14-0689340	
5. ADDRESSES OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.A. NO.	
6. This FINANCING STATEMENT covers the following types or items of property (include description of real property on which located and owner of record when required by instruction 4). 1-Caluret Coach Model No. MIT-543M. Contract No. _____ FDO No. 830-_____. And all additions, accessions, modifications, improvements, replacements, substitutions and accessories thereto and therefor, or hereafter acquired.			

COUNTER RECEIPT

7. CHECK IF APPLICABLE <input checked="" type="checkbox"/>	7A. <input type="checkbox"/> PRODUCTS OF COLLATERAL ARE ALSO COVERED	7E. DEBTOR'S SIGNATURE NOT REQUIRED IN ACCORDANCE WITH INSTRUCTION 5 (a) ITEM: <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4)
8. CHECK IF APPLICABLE <input checked="" type="checkbox"/>	<input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH UCC 9105 (1) (a)	
9. SIGNATURE OF DEBTOR TYPE OR PRINT NAME OF DEBTOR: French Hospital Medical Center		10. THE SPACE FOR USE OF FILING OFFICER (DATE, TIME, FILE NUMBER AND FILING OFFICER) <div style="text-align: center; font-size: 1.5em; font-weight: bold;">9808660778</div> <div style="text-align: center; font-weight: bold;">FILED SACRAMENTO, CA MAR 27, 1998 AT 1148</div> <div style="text-align: center;">BILL JONES SECRETARY OF STATE</div>
SIGNATURE OF SECURED PARTY: TYPE OR PRINT NAME OF SECURED PARTY: General Electric Company		
11. Where copy is: NAME LEXIS Document Services ADDRESS 929 11th Street CITY Suite B STATE Sacramento, CA 95814 ZIP CODE <div style="text-align: center; font-size: 1.5em; font-weight: bold;">P6-9009-767-8</div>		
12. FILING OFFICER COPY		

FORM UCC 1.
Approved by the Secretary of State

123070-75

CA SOS

This FINANCING STATEMENT is presented for filing and will remain effective with certain exceptions for a period of five years from the date of filing pursuant to section 9403 of the California Uniform Commercial Code.

1. DEBTOR LAST NAME FIRST - FOR INDIVIDUALS French Hospital Medical Center		24. SOCIAL SECURITY OR FEDERAL TAX NO.	
20. MAILING ADDRESS 1911 Johnson Avenue		25. CITY, STATE SAN LUIS OBISPO, CA	26. ZIP CODE 93401
2. ADDITIONAL DEBTOR (IF ANY) LAST NAME FIRST - IF AN INDIVIDUAL		24. SOCIAL SECURITY OR FEDERAL TAX NO.	
20. MAILING ADDRESS		25. CITY, STATE	26. ZIP CODE
3. DEBTOR'S TRADE NAME OR STYLE (IF ANY)		23. FEDERAL TAX NUMBER	
4. SECURED PARTY General Electric Company MAILING ADDRESS P.O. Box 414, W-490 CITY MT WASHINGTON STATE ZIP CODE 53201		24. SOCIAL SECURITY NO., FEDERAL TAX NO. OR IDENTIFICATION AND A.S.A. NO. 14-0685340	
5. ADDRESS OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		24. SOCIAL SECURITY NO., FEDERAL TAX NO. OR IDENTIFICATION AND A.S.A. NO.	

6. THE FINANCING STATEMENT covers the following types or items of property: include description of real property on which located and course of record when required by instruction 41.
1- CT/i Scanner. 8510206. 970-20813. And all additions, accessions, modifications, improvements, replacements, substitutions and accessories thereto and therefor, or hereafter acquired.

COUNTER RECEIPT

7. CHECK IF APPLICABLE <input checked="" type="checkbox"/>	22. PRODUCTS OF COLLATERAL ARE ALSO COVERED <input type="checkbox"/>	23. DEBTOR'S SIGNATURE NOT REQUIRED IN ACCORDANCE WITH INSTRUCTION 5 IN ITEM: <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4)
8. CHECK IF APPLICABLE <input checked="" type="checkbox"/>	9. DEBTOR IS A "TRANSMITTING VEHICLE" IN ACCORDANCE WITH UCC 9108 (1) (4) CA-SOS <input type="checkbox"/>	
10. TYPE OR PRINT NAME OF DEBTOR: French Hospital Medical Center		11. THIS SPACE FOR USE OF FILING OFFICER 9813160817 FILED SACRAMENTO, CA MAY 02, 1998 AT 1555 BILL JONES SECRETARY OF STATE
11. SIGNATURE OF SECURED PARTY:		
12. TYPE OR PRINT NAME OF SECURED PARTY:		
13. Address copy to: NAME: LEXIS Document Services ADDRESS: 920 11th Street CITY: Suite B STATE: SACRAMENTO, CA 95814 ZIP CODE:		
(1) FILING OFFICER COPY		FORM UCC-1 Approved by the Secretary of State

1341092-39

682471

The FINANCING STATEMENT is presented for filing and will remain effective with certain exceptions for a period of five years from the date of filing pursuant to section 9403 of the California Uniform Commercial Code.



1. DEBTOR (LAST NAME FIRST—IF AN INDIVIDUAL) French Hospital Medical Center		1A. SOCIAL SECURITY OR FEDERAL TAX NO	
7B. MAILING ADDRESS 1911 Johnson Avenue		1C. CITY, STATE San Luis Obispo, CA	1D. ZIP CODE 93401
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST—IF AN INDIVIDUAL) French Hospital Medical Center Transitional Care Facility		2A. SOCIAL SECURITY OR FEDERAL TAX NO	
2B. MAILING ADDRESS 1911 Johnson Avenue		2C. CITY, STATE San Luis Obispo, CA	2D. ZIP CODE 93401
3. DEBTOR'S TRADE NAMES OR STYLES (IF ANY)		3A. FEDERAL TAX NUMBER	
4. SECURED PARTY NAME: Capital Healthcare Financing, a Division of Capital Factors, Inc. MAILING ADDRESS: 120 East Palmetto Park Road, 5th Floor CITY: Boca Raton STATE: FL ZIP CODE: 33432		4A. SOCIAL SECURITY NO. FEDERAL TAX NO OR BANK TRANSIT AND A & A NO	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME: MAILING ADDRESS: CITY: STATE: ZIP CODE:		5A. SOCIAL SECURITY NO. FEDERAL TAX NO OR BANK TRANSIT AND A & A NO	

6. This FINANCING STATEMENT covers the following types or items of property (include description of real property on which located and owner of record when required by instruction 4).

Accounts, Account Receivables, plus proceeds thereof, of the debtors.

File with the Secretary of State, California

7. CHECK IF APPLICABLE <input checked="" type="checkbox"/>	7A. PRODUCTS OF COLLATERAL ARE ALSO COVERED <input type="checkbox"/>	7B. DEBTOR(S) SIGNATURE NOT REQUIRED IN ACCORDANCE WITH INSTRUCTION 3 (a) ITEM: <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4)
8. CHECK IF APPLICABLE <input checked="" type="checkbox"/>	DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH UCC § 9105 (1) (b) <input type="checkbox"/>	

9. SIGNATURE(S) OF DEBTOR(S) French Hospital Medical Center For all Debtors By: Michael E. Olsen, Assistant Secretary and General Counsel	C D E 1 2 3 4 5 6 7 8 9 0	10. THIS SPACE FOR USE OF FILING OFFICER (DATE, TIME, FILE NUMBER AND FILING OFFICER) 9822460091   FILED SACRAMENTO CA AUG 10 1998 AT 0800 BILL JONES SECRETARY OF STATE
11. Return copy to: NAME: Capital Healthcare Financing, a Division of Capital Factors, Inc. ADDRESS: 120 E. Palmetto Park Road, 5th Floor CITY: Boca Raton, FL 33432 STATE: ZIP CODE:		

FORM 9001 Approved by the Secretary of State

(7) FILING OFFICER COPY

This STATEMENT is presented for filing pursuant to the California Uniform Commercial Code

1 File No. of Orig. Financing Statement 92-2246009
 1A Date of Filing of Orig. Financing Statement 8/22/92
 1B Date of Orig. Financing Statement
 1C Place of Filing Orig. Financing Statement Secretary of State

2A Social Security No., Federal Tax No.
 French Hospital Medical Center
 2B Mailing Address
 1911 Johnson Avenue
 2C City, State San Luis Obispo, CA
 2D Zip Code 93401

3A Social Security No., Federal Tax No.
 French Hospital Medical Center Transitional Care Facility
 3B Mailing Address
 1911 Johnson Avenue
 3C City, State San Luis Obispo, CA
 3D Zip Code 93401

4 SECURED PARTY
 Name Capital Healthcare Financing, a division of Capital Factors, Inc.
 Mailing Address 100 East Palmetto Park Road, 5th Floor
 City Boca Raton, FL 33432
 4A Social Security No., Federal Tax No. or Bank Transit and A.B.A. No.

5 ASSIGNEE OF SECURED PARTY
 Name Business Credit Corporation
 Mailing Address 4141 MacArthur Boulevard, Suite 400
 City Newport Beach, CA 92660
 5A Social Security No., Federal Tax No. or Bank Transit and A.B.A. No.

- A CONTRIBUTION—The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, check here and insert description of real property on which growing or to be grown in Item 7 below.
- B RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 7 below.
- (FILE) X C ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 7 below.
- D TERMINATION—The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.
- E AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 7 below (Signature of Debtor required on all amendments.)
- F OTHER

See attached Exhibit "A".

COUNTER RECEIPT

BEST COPY AVAILABLE

File with the Secretary of State California

(Date) _____ 19__

By _____ (TITLE)
 Capital Healthcare Financing, a division of Capital Factors, Inc.
 By: Denise A. McNamee, EFP & CFO



By _____ (TITLE)
 SIGNATURES OF SECURED PARTIES

Return Copy to
 Capital Factors, Inc.
 100 E. Palmetto Park Road, 5th Floor
 Boca Raton, FL 33432

NAME ADDRESS CITY AND STATE

9 This Space for Use of Filing Officer
 (Make Typewritten Entry)

99239C0073

FILED
 SACRAMENTO, CA
 AUG 23, 1992 AT 1533
 BILL JONES
 SECRETARY OF STATE

Exhibit A

- I. **Name of Secured Party and Address:**
Capital Healthcare Financing, a division of
Capital Factors, Inc.
120 E. Palmetto Park Road, 5th Floor
Boca Raton, FL 33432

- II. **Name of Assignee and Address:**
DVI Business Credit Corporation
4041 Mac Arthur Boulevard
Suite 401
Newport Beach, CA 92660

- III. Notwithstanding the assignment of the Financing Statement, the interest of DVI
Business Credit Corporation under the Financing Statement shall remain subject
to a security interest in favor of Capital Factors, Inc.

99239C0073

Exhibit A

- I. **Name of Secured Party and Address:**
Capital Healthcare Financing, a division of
Capital Factors, Inc.
120 E. Palmetto Park Road, 5th Floor
Boca Raton, FL 33432

- II. **Name of Assignee and Address:**
DVI Business Credit Corporation
4041 Mac Arthur Boulevard
Suite 401
Newport Beach, CA 92660

- III. **Notwithstanding the assignment of the Financing Statement, the interest of DVI
Business Credit Corporation under the Financing Statement shall remain subject
to a security interest in favor of Capital Factors, Inc.**

99239C0073

This STATEMENT is presented for filing pursuant to the California Uniform Commercial Code

1 File No. of Orig. Financing Statement 98-22460091
 1A Date of Filing of Orig. Financing Statement 8/10/98
 1B Date of Orig. Financing Statement
 1C Place of Filing Orig. Financing Statement Secretary of State

2 DEBTOR (NAME AND TYPE)
 French Hospital Medical Center
 2B Mailing Address
 1911 Johnson Avenue
 2C City, State San Luis Obispo, CA
 2D Zip Code 93401
 2A Social Security No., Federal Tax No.

3 ADDITIONAL DEBTOR (NAME AND TYPE)
 French Hospital Medical Center Transitional Care Facility
 3B Mailing Address
 1911 Johnson Avenue
 3C City, State San Luis Obispo, CA
 3D Zip Code 93401
 3A Social Security No., Federal Tax No.

4 SECURED PARTY DVI Business Credit Corporation
 4A Social Security No., Federal Tax No. or Bank Trans. and A.B.A. No.
 NAME
 MAILING ADDRESS 4041 MacArthur Boulevard
 CITY Newport Beach STATE CA ZIP CODE 92660

5 ASSIGNEE OF SECURED PARTY (NAME)
 NAME Capital Healthcare Financing, a division of Capital Factors, Inc.
 MAILING ADDRESS 120 East Palmetto Park Road, 5th Floor
 CITY Boca Raton STATE FL ZIP CODE 33432
 5A Social Security No., Federal Tax No. or Bank Trans. and A.B.A. No.

- CONTINUATION—The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, check here and insert description of real property on which growing or to be grown in Item 7 below.
- RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 7 below.
- ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 7 below.
- TERMINATION—The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.
- AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 7 below. (Signature of Debtor required on all amendments.)
- OTHER

See attached Exhibit "A".

COUNTER RECEIPT

File with the Secretary of State California

6 (Date) _____ 19____ 7 This Space for Use of Filing Officer (Date Time Filing Office)

99239C0077

By: [Signature] (SIGNATURE OF DEBTOR) (TITLE)
 DVI Business Credit Corporation



By: [Signature] (SIGNATURE OF SECURED PARTY) (TITLE)



9 Return Copy to
 Capital Factors, Inc.
 120 E. Palmetto Park Road, 5th Floor
 Boca Raton, FL 33432
 NAME ADDRESS CITY AND STATE

FILED
 SACRAMENTO, CA
 AUG 23, 1998 AT 1233
 BILL JONES
 SECRETARY OF STATE

(1) FILING OFFICER COPY

Exhibit A

- I. **Name of Secured Party and Address:**
DVI Business Credit Corporation
4041 MacArthur Boulevard, Suite 401
Newport Beach, CA 92660

- II. **Name of Assignee and Address:**
Capital Healthcare Financing, a division of Capital Factors, Inc.
120 E. Palmetto Park Road, 5th Floor
Boca Raton, FL 33432

- III. This assignment is given as additional collateral for a loan from Secured Party to Debtor.

~~XXXXXXXXXXXXXXXXXXXX~~

992390077

SOS CA

This STATEMENT is presented for filing pursuant to the California Uniform Commercial Code

1. File No. of Orig. Financing Statement: 9802460090
 1A. Date of Filing of Orig. Financing Statement: 5/11/08
 1B. Date of Orig. Financing Statement: _____
 1C. Place of Filing Orig. Financing Statement: Secretary of State

2. DEBTOR (Last Name First): FRENCH HOSPITAL MEDICAL CENTER
 2A. Social Security No., Federal Tax No.: _____
 2B. Mailing Address: 1911 JOHNSON AVENUE
 2C. City, State: SAN LUIS OBISPO, CA
 2D. Zip Code: 93401

3. ADDITIONAL DEBTOR (If Any) (Last Name First): FRENCH HOSPITAL MEDICAL CENTER TRANSITIONAL CARE FACILITY
 3A. Social Security No., Federal Tax No.: _____
 3B. Mailing Address: 1911 JOHNSON AVENUE
 3C. City, State: SAN LUIS OBISPO, CA
 3D. Zip Code: 93401

4. SECURED PARTY: CAPITAL HEALTHCARE FINANCING A DIVISION OF CAPITAL FACTORS, INC.
 4A. Social Security No., Federal Tax No., or Bank Transit and A.B.A. No.: _____
 NAME: CAPITAL HEALTHCARE FINANCING A DIVISION OF CAPITAL FACTORS, INC.
 MAILING ADDRESS: 100 E. PALMETTO PARK ROAD, 1TH FLOOR
 CITY: BOCA RATON STATE: FL ZIP CODE: 33432

5. ASSIGNEE OF SECURED PARTY (If Any):
 NAME: _____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____

6. CONTINUATION—The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, check here and insert description of real property on which growing or to be grown in Item 7 below.
- RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 7 below.
- ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 7 below.
- TERMINATION—The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.
- AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 7 below. (Signature of Debtor required on all amendments.)
- OTHER

8. (Date) _____ 20____

By: _____ (TITLE)
 CAPITAL HEALTHCARE FINANCING A DIVISION OF CAPITAL FACTORS, INC.

By: _____ (TITLE)

10. Return Copy to

NAME: LEXIS Document Services
 ADDRESS: 1029 J Street
 CITY AND STATE: Suite 100 Sacramento, CA 95814

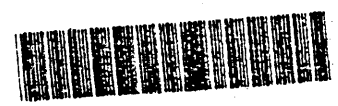
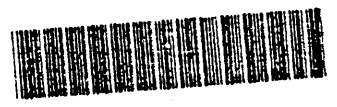
J1591698-1

(1) FILING OFFICER COPY

UNIFORM COMMERCIAL CODE FORM UCC-2
 Printed by UCC Control - LibraSoft, Inc.
 551 W. Corcoran #706, Santa Fe, NM 87501
 Approved by the Secretary of State

9. This Space for Use of Filing Officer (Date, Time, Filing Office)

00127C0016



FILED
 SACRAMENTO, CA
 MAY 22, 2008 AT 1156
 BILL JONES
 SECRETARY OF STATE

0004960398



FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY

The Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A NAME & TEL # OF CONTACT AT FILER (optional) **Phone (800) 331-3282 Fax (818) 662-4141** B FILING OFFICE ACCT # (optional)

C RETURN COPY TO (Name and Mailing Address)

UGC Direct Services 93350 ROCHE, 1
P.O. Box 29071 2233634-61-1
Glendale, CA 91209-9071

FILED
SACRAMENTO, CA
FEB 15, 2006 AT 0800
BILL JONES
SECRETARY OF STATE

D OPTICAL DESIGNATION (if applicable) LESSOR/LESSEE CONSIGNOR/CONSIGNEE NON UCC FILING

1 LESSEE'S EXACT FULL LEGAL NAME - insert only one lessee name (1a or 1b) FILED WITH California
1a ENTITY'S NAME
French Hospital Medical Center

OR 1b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c MAILING ADDRESS 1811 Johnson Avenue CITY SAN LUIS OBISPO STATE COUNTRY POSTAL CODE CA 93401

1d SS OR TAX ID # OPTIONAL 1a TYPE OF ENTITY ADDL INFO RE ENTITY DEBTOR 1e ENTITY'S STATE OR COUNTRY OF ORGANIZATION 1f ENTITY'S ORGANIZATIONAL ID # (only NONE

2 ADDITIONAL LESSEE'S EXACT FULL LEGAL NAME - insert only one lessee name (2a or 2b) 2a ENTITY'S NAME NONE

OR 2b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE

2d SS OR TAX ID # OPTIONAL 2a TYPE OF ENTITY ADDL INFO RE ENTITY DEBTOR 2e ENTITY'S STATE OR COUNTRY OF ORGANIZATION 2f ENTITY'S ORGANIZATIONAL ID # (only NONE

3 LESSOR'S (ORIGINAL SP OR ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one lessor name (3a or 3b) NONE
3a ENTITY'S NAME
Roche Diagnostics Corporation

OR 3b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c MAILING ADDRESS 9115 Hague Rd. CITY Indianapolis STATE COUNTRY POSTAL CODE IN 46250-0457 P.O. Box 50457

4 The FINANCING STATEMENT covers the following types or items of property

Electsys 2010 R Serial # 92445 Lessee is not authorized to assign, sell or otherwise transfer Lessor's rights to the above equipment without the prior consent of Lessor.

5 CHECK BOX (if applicable) The FINANCING STATEMENT is signed by the Lessor instead of the Lessee to perfect a security interest (a) in collateral already subject to a security interest in another jurisdiction when it was brought into this state or when the debtor's location was changed to this state or (b) in property with other jurisdictional providers (additional fee may be required) 7 If filed in Florida (check one) Documentary stamp 124 paid Documentary stamp 124 not applicable

5 REQUIRED SIGNATURES
French Hospital Medical Center
ATTORNEY-IN-FACT

8 The FINANCING STATEMENT is to be filed (or record) (or recorded) in the REAL ESTATE RECORDS Attach Addendum (if applicable)

9 Check to REQUEST SEARCH CERTIFICATE(S) on Lessee's (ADDITIONAL FEE) (optional) All Lessees Lessee 1 Lessee 2

(1) FILING OFFICER COPY - NATIONAL FINANCING STATEMENT (FORM UCC 1) (TRANS) (REV. 12/18/95)

Prepared by DIGITAL SIGNATURE INC. P.O. BOX 275 Van Nuys, CA 91408-0275 Tel: (818) 906-7200

0006560840



FINANCING STATEMENT — FOLLOW INSTRUCTIONS CAREFULLY
 This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)		B. FILING OFFICE ACCT. # (optional)	
C. RETURN COPY TO: (Name and Mailing Address)			
BAYER CORPORATION DIAGNOSTICS DIVISION 511 BENEDICT AVE TARRYTOWN N.Y. 10591-5097 ATTN: MARY LANE Tax I.D. 25-1339219			
D. OPTIONAL DESIGNATION IF APPLICABLE:		E. NON-UCC FILING	

FILED
 SACRAMENTO, CA
 MAR 02, 2000 AT 0800
 BILL JONES
 SECRETARY OF STATE

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME
 French Hospital Medical Center

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE
 1911 Johnson Avenue San Luis Obispo CA USA 93401

1d. S.S. OR TAX I.D.# 1e. TYPE OF ENTITY 1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION 1g. ENTITY'S ORGANIZATIONAL I.D.#, if any
 77-0106277 NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME

OR

2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE

2d. S.S. OR TAX I.D.# 2e. TYPE OF ENTITY 2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION 2g. ENTITY'S ORGANIZATIONAL I.D.#, if any
 NONE

3. SECURED PARTY'S ORIGINAL &/ OR ITS TOTAL ASSIGNED EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME
 Bayer Corporation Diagnostics Division

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE
 115 Norwood Park South Norwood MA USA 02062

4. This FINANCING STATEMENT covers the following type or types of property:

Model/s: (2)M845 Blood Gas Analyzers, (1)Rapidlink Standalone, (2) 800 Series Cables,
 (1) Meditech Interface
 Cat.#/s: 119284, 111900, 014117701

and all accessories, parts and equipment now and hereafter affixed thereto or used in connection therewith, all replacements or substitutions of any thereof, and all proceeds of all foregoing.

5. CHECK This FINANCING STATEMENT is signed by the secured Party instead of the Debtor to perfect a security interest in the collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the collateral was obtained in this state, or (b) in accordance with other statutory provisions (and some data may be required)

6. CHECK REQUIRED BY

7. If filed in Florida (check one)
 Documentary stamp tax not paid Documentary stamp tax not applicable

8. This FINANCING STATEMENT is to be filed (or record) (or recorded) in the REAL ESTATE RECORDS
 Attach Addendum: If applicable

9. Check to REQUEST SEARCH CERTIFICATE(s) on Debtor(s) (ADDITIONAL FEE)
 All Debtors Debtor 1 Debtor 2 (optional)

0008160394



FINANCING STATEMENT — FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)		B. FILING OFFICE ACCT. # (optional)
C. RETURN COPY TO: (Name and Mailing Address)		
COX, CASTLE & NICHOLSON LLP 2049 Century Park East, Suite 2800 Los Angeles, CA 90067 Attention: Randy P. Orlik, Esq.		
D. OPTIONAL DESIGNATION OF: <input type="checkbox"/> PERSONAL FILING <input type="checkbox"/> COMMERCE/COMBINED <input type="checkbox"/> NON-UCC FILING		

FILED
SACRAMENTO, CA
MAR 16, 2006 AT 0800
BILL JONES
SECRETARY OF STATE

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME FRENCH HOSPITAL MEDICAL CENTER			
OR			
1b. INDIVIDUAL'S LAST NAME			
FIRST NAME	MIDDLE NAME	SUFFIX	

1c. MAILING ADDRESS 1911 Johnson Avenue			
CITY San Luis Obispo	STATE CA	COUNTRY USA	POSTAL CODE 93401

1d. U.S. OR TAX I.D.# 77-0106277	OPTIONAL ADDTL. INFO RE ENTITY DEBTOR	1e. TYPE OF ENTITY NON-profit corp.	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION California	1g. ENTITY'S ORGANIZATIONAL I.D.#, if any
-------------------------------------	---------------------------------------	--	---	---

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME			
OR			
2b. INDIVIDUAL'S LAST NAME			
FIRST NAME	MIDDLE NAME	SUFFIX	

2c. MAILING ADDRESS			
CITY	STATE	COUNTRY	POSTAL CODE

2d. U.S. OR TAX I.D.#	OPTIONAL ADDTL. INFO RE ENTITY DEBTOR	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2g. ENTITY'S ORGANIZATIONAL I.D.#, if any
-----------------------	---------------------------------------	--------------------	---	---

3. SECURED PARTY'S ORIGINAL &/OR ITS TOTAL ASSIGNED EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME U.S. BANK TRUST NATIONAL ASSOCIATION, as Master Trustee			
OR			
3b. INDIVIDUAL'S LAST NAME			
FIRST NAME	MIDDLE NAME	SUFFIX	

3c. MAILING ADDRESS 180 E. 5th Street			
CITY St. Paul	STATE Minn	COUNTRY USA	POSTAL CODE 55101

4. This FINANCING STATEMENT covers the following types of items of property:

The collateral covered hereby is more particularly described on Schedule 1 attached hereto and incorporated herein by this reference.

5. CHECK <input type="checkbox"/> BOX <input type="checkbox"/> The FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the Debtor's location was changed to this state, or if in accordance with other statutory provisions. Additional data may be required.	7. If filed in Florida, check and <input type="checkbox"/> Documentary stamp fee paid <input type="checkbox"/> Documentary stamp fee not applicable
6. REQUIRED SIGNATURES FRENCH HOSPITAL MEDICAL CENTER	8. Check to REQUEST SEARCH CERTIFICATE (on Debtors) (ADDITIONAL FEE) (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2
By: _____ ICG: _____	9. Check if FINANCING STATEMENT is to be filed (for records) or recorded in the REAL ESTATE RECORDS. Attach Addendum (if applicable) <input type="checkbox"/>

SCHEDULE 1

4. Cont'd.

DEBTOR: FRENCH HOSPITAL MEDICAL CENTER

SECURED

PARTY: U.S. BANK TRUST NATIONAL ASSOCIATION, MASTER TRUSTEE

DESCRIPTION OF COLLATERAL

All Debtor's right title and interest in and to any of the following, whether now owned or hereafter acquired, wherever located, and whether held by Debtor or a third party:

All accounts, chattel paper, instruments, leases, drafts, and all other rights to the payment of money now owned or hereafter acquired by Debtor, whether due or to become due, and whether or not earned by performance.

All amounts owed to Debtor, with respect to goods sold or leased or services rendered by Debtor, whether in the form of accounts, accounts receivable, contract rights, chattel paper, instruments, general intangibles, or otherwise.

All Debtor's demand, time, savings, passbook or similar accounts maintained at any financial institution (whether a bank, savings & loan, credit union, brokerage firm or the like), other than (i) accounts evidenced by negotiable certificates of deposit, and (ii) accounts in the name of Debtor wherein the funds are held on behalf of or for the benefit of one or more third parties (i.e., employee health benefits, employee flexible spending benefits, volunteer funds and patient trust funds) or wherein the funds are donations and their use is therefore restricted to a designated purpose other than general operations.

All general intangibles, including, without limitation, (i) all know-how, trade secrets, engineering plans, computer software, drawings and other preparatory information; (ii) all interests or claims in insurance policies; (iii) all interests in any partnership; (iv) all patents and patent applications, all unpatented inventions (whether or not patentable) and all license agreements regarding patents, whether Debtor is a licensor or licensee under such license agreement, including the right to recover for all past, present

and future infringements thereof and all re-issues, divisions, continuations, continuations-in-part, substitutes, renewals and extensions thereof, all improvements thereon, and all the rights of any kind whatsoever of Debtor accruing thereunder or pertaining thereto; (v) all trade names, trademarks, trademark rights, and all applications therefor; (vi) all copyrights and all applications therefor; (vii) all trade dress, service marks, service mark registrations, and all applications therefor; (viii) all income, royalties, and payments now or thereafter payable with respect to any copyrights, trademarks, trade names, trade dress, service marks and/or service mark registrations; (ix) all licenses, permits, franchises, and like privileges issued by any governmental or regulatory authority; (x) all income tax and other tax refunds of any sort; (xi) all customer lists, vendor lists, sale orders, supply contracts, and lists of suppliers; (xii) all claims and causes of action; (xiii) all guarantee claims, co-op memberships, lease-hold interests and personal property security interests or other security held by or granted to Debtor to secure payment by any person or entity to Debtor; (xiv) all contract rights; and (xv) all rights to receive payments for any reason and from any person.

All inventory, raw materials, component parts, work-in-process, finished goods held for sale or lease, materials used or consumed in Debtor's business, warehouse receipts, bills of lading and other documents evidencing goods now owned or hereafter acquired by Debtor, and all goods covered thereby, including returned goods, accessions, additions, improvements, and all products thereof, whether in Debtor's possession or in the possession of warehouse men, bailees or any other Person, and all proceeds thereof, including, without limitation, all rights to payment with respect to any insurance, including returned premiums or any cause of action relating to the foregoing, and goods under lease or consignment held by others.

All instruments (whether negotiable or non-negotiable), letters of credit, rights to payment under any commercial or standby letters of credit, certificates of deposit, and securities now existing or hereafter acquired, together with any stock rights, rights to subscribe, liquidating dividends, stock dividends, dividends paid in stock, or other property which Debtor is or may hereafter become entitled to receive on account of such instruments securities or other property.

All equipment together with any and all attachments, accessions and additions to, and replacements, substitutions, proceeds and products of the foregoing.

All present and future books, records and data of any kind relating to the foregoing, whether in the form of a writing, photograph, microfilm, microfiche, or electronic media, together with all of Debtor's right, title, and interest in and to all computer software required to utilize, create, maintain, and process any such records or data on electronic media; and

Any and all attachments, accessions and additions to, and replacements, substitutions, proceeds and products of the foregoing, including, but not limited to, money, deposit accounts, goods, equipment, insurance proceeds and other tangible or intangible property received upon the sale of disposition of the foregoing.

All royalties, proceeds and products of the foregoing, including without limitation all insurance (including without limitation payments from providers of health insurance, such as Medicare and Medicaid, state insurance coverage, and non-governmental health insurers, such as Blue Cross and Blue Shield) and condemnation proceeds.

CA 505

THE STATE FOR USE OF FILING OFFICE

0008750367



FINANCING STATEMENT — FOLLOW INSTRUCTIONS CAREFULLY

The Financing Statement is prepared for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF FILING OFFICE (optional)

FILING OFFICE ACCT. # (optional)

C. F. LEXIS Document Services
1029 J Street
Suite 100
Sacramento, CA 95814

03-0002-767-8

J1560177-4

D. OPTIONAL DESIGNATION OF ASSIGNMENT: LESSOR/LESSEE, CONSIGNOR/CONSIGNEE, NON UCC FILING

FILED
SACRAMENTO, CA
MAR 24, 2006 AT 1141
BILL JONES
SECRETARY OF STATE

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME
French Hospital Medical Center

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS
1911 Johnson Avenue
CITY: SAN LUIS OBISPO STATE: CA COUNTRY: USA POSTAL CODE: 93401

1d. SS OR TAX ID # 77-0106277

OPTIONAL ADDITIONAL INFO RE ENTITY DEBTOR

1e. TYPE OF ENTITY

1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION

1g. ENTITY'S ORGANIZATIONAL ID #, if any NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME

OR

2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS
CITY STATE COUNTRY POSTAL CODE

2d. SS OR TAX ID #

OPTIONAL ADDITIONAL INFO RE ENTITY DEBTOR

2e. TYPE OF ENTITY

2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION

2g. ENTITY'S ORGANIZATIONAL ID #, if any NONE

3. SECURED PARTY'S (ORIGINAL SP OR ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME
Beller Healthcare Finance

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS
2 Wisconsin Circle 4th Floor
CITY: CHEVY CHASE STATE: MD COUNTRY: USA POSTAL CODE: 20815

4. This FINANCING STATEMENT covers the following types or items of property:
All accounts receivable and such other assets of Debtor as are described in Exhibit A attached hereto and made a part hereof.

5. CHECK The FINANCING STATEMENT is being filed by the Secured Party instead of the Debtor to perfect a security interest in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed in this state, or for in accordance with other statutory provisions (additional fees may be required).

6. REQUIRED SIGNATURES
French Hospital Medical Center

7. If filed in Florida (check one)
 Documentary Stamp Documentary Stamp

8. This FINANCING STATEMENT is to be filed for record for recording in the REAL ESTATE RECORDS. Attach a Memorandum if necessary.

9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) (ADDITIONAL FEE) At Debtor(s) Debtor 1 Debtor 2 (optional)

EXHIBIT A TO UCC-1 FINANCING STATEMENT

(a) All of Debtor's now owned and hereafter acquired or arising Accounts, and all of Debtor's contract rights, chattel paper, documents and instruments with respect thereto, and all of Debtor's rights, remedies, security and liens, in, to and in respect of the Accounts, including, without limitation, rights of stoppage in transit, replevin, repossession and reclamation and other rights and remedies of an unpaid vendor, lienor or secured party, guaranties or other contracts of suretyship with respect to the Accounts, deposits or other security for the obligation of any Account Debtor, and credit and other insurance;

(b) All of Debtor's right, title and interest in and to the Lockbox Account;

(c) All of Debtor's now owned and hereafter acquired or arising general intangibles and other property of every kind and description with respect to or evidencing its Accounts, including, but not limited to, all existing and future customer lists, choses in action, claims, books, records, ledger cards, contracts, rights and claims under insurance policies, and computer programs, information, software, records, and data, as the same relates to the Accounts;

(d) The proceeds (including, without limitation, insurance proceeds) of all of the foregoing.

For purposes hereof, the term "Account" shall mean any right to payment for goods sold or leased or services rendered, in each case related to the provision of Medical Services, whether or not evidenced by an instrument or chattel paper, and whether or not earned by performance, including, without limitation, the right to payment of management fees.

For purposes hereof, the term "Governmental Authority" means and includes any federal, state, District of Columbia, county, municipal, or other government and any department, commission, board, bureau, agency or instrumentality thereof, whether domestic or foreign.

For purposes hereof, the term "Insurer" means a Person that insures a Patient against certain of the costs incurred in the receipt by such Patient of Medical Services, or that has an agreement with Debtor to compensate Debtor for providing services to a Patient.

For purposes hereof, the term "Lockbox Account" means an account maintained by Debtor at Bank One Arizona, N.A., or another bank as agreed upon by Debtor and Secured Party or a successor financial institution, into which all collections of Accounts are paid directly.

For purposes hereof, the term "Medical Services" means Medical and health care services provided to a Patient, including, but not limited to, medical and health care services provided to a Patient and performed by Debtor which are covered by a policy of insurance

0008760367

issued by an Insurer, and includes physician services, nurse and therapist services, dental services, hospital services, skilled nursing facility services, comprehensive outpatient rehabilitation services, home health care services, residential and out-patient behavioral healthcare services, and medicine or health care equipment provided by Debtor to a Patient for a necessary or specifically requested valid and proper medical of health purpose.

For purposes hereof, the term "Patient" means any Person receiving Medical Services from Debtor and all Persons legally liable to pay Debtor for such Medical Services other than Insurers.

For purposes hereof, the term "Person" means an individual, partnership, corporation, trust, joint venture, joint stock company, limited liability company, association, unincorporated organization, Governmental Authority, or any other entity.

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FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY
This Financing Statement is prepared for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL # OF CONTACT AT FILER (optional) Phone (800) 331-3282 Fax (818) 662-414		B. FILING OFFICE ACCT # (optional)
C. RETURN COPY TO (Name and Mailing Address) UCC Direct Services P.O. Box 29071 Glendale, CA 91209-0071 9008 AGFA 2829556-41-1		

FILED
SACRAMENTO, CA
DEC 29, 2000 RT 0800
BILL JONES
SECRETARY OF STATE

D. OPTIONAL DENOMINATION IF APPLICABLE: LESSOR/LESSEE CONSIGNOR/CONSIGNEE NON-UCC FILING

1. LESSOR'S EXACT FULL LEGAL NAME - insert only one lessor name (1a or 1b) FILED WITH: California

1a. ENTITY'S NAME
FRENCH HOSPITAL MEDICAL CENTER A CALIFORNIA CORPORATION

OR
1b. INDIVIDUAL'S LAST NAME
FIRST NAME
MIDDLE NAME
SUFFIX

1c. MAILING ADDRESS
1911 JOHNSON BOULEVARD
CITY: SAN LUIS OBISPO STATE: CA COUNTRY: POSTAL CODE: 93401

1d. SS OR TAX ID # OPTIONAL ADDNL INFO RE ENTITY DEBTOR 1e. TYPE OF ENTITY 1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION 1g. ENTITY'S ORGANIZATIONAL ID # if any

2. ADDITIONAL LESSEE'S EXACT FULL LEGAL NAME - insert only one lessee name (2a or 2b) NON

2a. ENTITY'S NAME

OR
2b. INDIVIDUAL'S LAST NAME
FIRST NAME
MIDDLE NAME
SUFFIX

2c. MAILING ADDRESS
CITY STATE COUNTRY POSTAL CODE

2d. SS OR TAX ID # 2e. TYPE OF ENTITY 2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION 2g. ENTITY'S ORGANIZATIONAL ID # if any

3. LESSOR'S (ORIGINAL SP OR ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one lessor name (3a or 3b) NON

3a. ENTITY'S NAME
AGFA Corp.

OR
3b. INDIVIDUAL'S LAST NAME
FIRST NAME
MIDDLE NAME
SUFFIX

3c. MAILING ADDRESS
200 Ballardvale Street
CITY: Wilmington STATE: MA COUNTRY: POSTAL CODE: 01887

4. This FINANCING STATEMENT covers the following types or items of property
14X17 ORTHO REGULAR SCREENS AND ACCESSORIES The above listed property and related items as more fully set forth on lease by and between Debtor/Lessee and Agfa Finance Group, Agfa Corporation and all after acquired property purchased or leased from secured party/lessor pertaining thereto. This filing is being made in the event that contrary to the party's understanding and intent, the lease of the described system is held to be a secured transaction under the Uniform Commercial Code. This filing is made in accordance with Article 9, Section 408.

5. CHECK This FINANCING STATEMENT is signed by the Lessor instead of the Lessee to perfect a security interest.
 (b) in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed to this state, or (c) in accordance with other statutory provisions (additional data may be required)

6. FRENCH HOSPITAL MEDICAL CENTER A CALIFORNIA CORPORATION
ATTORNEY-IN-FACT

7. If filed in Florida (check one):
 Documentary Documentary stamp (to not applicable)

8. This FINANCING STATEMENT is to be filed (for record) (for recording in the REAL ESTATE RECORDS) Attach Addendum (if applicable)

9. Check to REQUEST SEARCH CERTIFICATE(S) on Lessee(s) (ADDITIONAL FEE)

0100960935



FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY
The Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TITLE OF CONTACT AT FILER (optional) Phone (800) 331-3262 Fax (818) 862-4141		B. FILING OFFICE ACCT # (optional)	
C. RETURN COPY TO (Name and Mailing Address)			
UCC Direct Services		93350 ROCHE, 1	
P.O. Box 29071		2699824-41-1	
Glendale, CA 91209-9071			

FILED
SACRAMENTO, CA
DEC 28, 2008 AT 0800
BILL JONES
SECRETARY OF STATE

D. OPTIONAL DESIGNATION IF APPLICABLE: LESSOR/LESSEE CONSIGNOR/CONSIGNEE NON UCC FILING

1. LESSEE'S EXACT FULL LEGAL NAME - insert only one lessee name (1a or 1b) FILED WITH California

1a. ENTITY'S NAME French Hospital Medical Center				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 1911 Johnson Avenue		CITY SAN LUIS OBISPO	STATE CA	COUNTRY POSTAL CODE 93401
1d. S.S. OR TAX ID #	OPTIONAL ADD. INFO RE ENTITY DEBTOR	1e. TYPE OF ENTITY	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	1g. ENTITY'S ORGANIZATIONAL ID # if any NONE

2. ADDITIONAL LESSEE'S EXACT FULL LEGAL NAME - insert only one lessee name (2a or 2b)

2a. ENTITY'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	COUNTRY POSTAL CODE
2d. S.S. OR TAX ID #	OPTIONAL ADD. INFO RE ENTITY DEBTOR	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2g. ENTITY'S ORGANIZATIONAL ID # if any NONE

3. LESSOR'S (ORIGINAL SP OR ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one lessor name (3a or 3b)

3a. ENTITY'S NAME Roche Diagnostics Corporation				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 8115 Hague Road		CITY Indianapolis	STATE IN	COUNTRY POSTAL CODE 46250

4. THE FINANCING STATEMENT covers the following type(s) of property:

KX-21 Serial # A3229 and SE9500 Serial # A1283 and A1109 Lessee is not authorized to assign, sell or otherwise transfer Lessor's rights to the above equipment without the prior consent of Lessor.

5. CHECK: The FINANCING STATEMENT is signed by the Lessor instead of the Lessee to perfect a security interest. (a) if collateral already subject to a security interest in another jurisdiction when it was brought into this state or when the debtor's location was changed to this state, each, in accordance with other state/jurisdiction provisions (additional data may be required). Filed in Florida (check one): Documentary Documentary stamp stamp tax paid tax not applicable

6. REQUIRED SIGNATURE(S): French Hospital Medical Center ATTORNEY-IN-FACT. The FINANCING STATEMENT is to be filed (for records) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum if applicable.

7. CHECK TO RECORD AT SEARCHER'S OFFICE (STAMP OR LESSOR'S) ADDITIONAL FEE! (optional) All Lessees Lessor 1 Lessor 2

0121160632



UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER (optional)
Phone (800) 331-3282 Fax (918) 652-4141

B SEND ACKNOWLEDGEMENT TO (Name and Address)

UCC Direct Services 94301 PREFERRED
P O Box 29071 3001919-41-1
Glendale, CA 91209-9071

File with California

FILED
SACRAMENTO, CA
JUL 29, 2001 AT 1700
BILL JONES
SECRETARY OF STATE

1 DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME
FRENCH HOSPITAL MEDICAL CENTER, A CALIFORNIA CORPORATION

OR

1b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
1911 JOHNSON AVENUE SAN LUIS OBISPO CA 93403

1d TAX ID # SSN OR EIN ADDL INFO RE ORGANIZATION DEBTOR 1e TYPE OF ORGANIZATION Corporation 1f JURISDICTION OF ORGANIZATION CA 1g ORGANIZATIONAL ID # Party C1348658 NONE

2 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a ORGANIZATION'S NAME

OR

2b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2d TAX ID # SSN OR EIN ADDL INFO RE ORGANIZATION DEBTOR 2e TYPE OF ORGANIZATION 2f JURISDICTION OF ORGANIZATION 2g ORGANIZATIONAL ID # Party NONE

3 SECURED PARTY'S (or NAME of TOTAL ASSIGNEE of ASSIGNOR S.P.) - insert only one secured party name (3a or 3b)

3a ENTITY'S NAME
PREFERRED CAPITAL, INC.

OR

3b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
6860 W. SNOWVILLE ROAD BRECKSVILLE OH 44141

4 This FINANCING STATEMENT covers the following types or items of property
EQUIPMENT AS LISTED ON DISPOSABLE USE AGREEMENT Equipment/Lease No. 27093 000

5 ALTERNATIVE DESIGNATION (if applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BARE BARROR SELLER/BUYER AC. LHM (NON UCC FILERS)

6 This FINANCING STATEMENT is to be filed for record, (or recorded) in the REAL ESTATE RECORDS. Attach Address: An. Del. 1 Del. 1 Del. 2

8 OPTIONAL FILER REFERENCE DATA

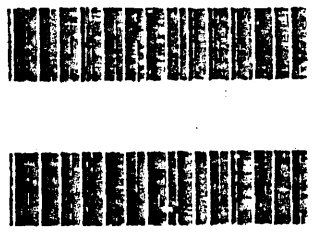
02128C0410

UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

I NAME & PHONE OF CONTACT AT FILER (200-079)
Phone (800) 331-3282 Fax (818) 662-4141

II SEND ACKNOWLEDGEMENT TO (Name and Mailing Address)

UCC Direct Services 94301 PREFERRED
P.O. Box 29071 3001918.1-30-1
Glendale, CA 91209-9071



FILED
SACRAMENTO, CA
MAY 07, 2002 AT 1700
BILL JONES
SECRETARY OF STATE

1a INITIAL FINANCING STATEMENT FILE #
0121160632 07-25-01 SS CA

1b This FINANCING STATEMENT AMENDMENT is to be filed for record, for recording on the REAL ESTATE RECORDS

2 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party, authorizing this Termination Statement.

3 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of the Secured Party, authorizing this Continuation Statement is extended to the additional period provided by applicable law.

4 ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c, and also give name of assignor in item 9.

5 AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7:
 CHANGE name and/or address. Give current record name in item 6a or 6b; also give new name if name change in item 7a or 7b and/or new address (if address change) in item 7c.
 DELETE name. Give record name to be deleted in item 6a or 6b.
 ADD name. Complete item 7a or 7b and also item 7c; also complete items 7d-7g if applicable.

6. CURRENT RECORD INFORMATION:

6a ORGANIZATION'S NAME

OR

6b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a ORGANIZATION'S NAME
THE RIPLEY NATIONAL BANK

OR

7b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c MAILING ADDRESS
101 MAIN STREET CITY STATE POSTAL CODE COUNTRY
RIPLEY OH 45167

7d TAX ID # SSN # EIN ADD. INFO RE ORGANIZATION DEBTOR 7e TYPE OF ORGANIZATION 7f JURISDICTION OF ORGANIZATION 7g ORGANIZATIONAL ID #, if any NONE

8 AMENDMENT (COLLATERAL CHANGE): check only one box.
Describe collateral: deleted or added, or give entire restricted collateral description, or describe collateral assigned.

9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if it is an Assignment; if this is an Amendment authorized by a Debtor which adds collateral or deletes the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.)

9a ORGANIZATION'S NAME
PREFERRED CAPITAL, INC.

OR

9b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10 OPTIONAL FILER REFERENCE DATA
3001918.1 Debtor Name: FRENCH HOSPITAL MEDICAL CENTER, A CALIFORNIA CORPORATION

THIS IS 0122660368



UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. CDE

LexisNexis
Document Solutions
1029 J Street, Suite 100
Sacramento, CA 95814

PG-0000-767-8

FILED
SACRAMENTO, CA
AUG 13, 2001 AT 1543
BILL JONES
SECRETARY OF STATE

THE ABOVE SPACE IS FOR FILING OFFICE USE

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) do not abbreviate or combine names

1a. ORGANIZATION'S NAME French Hospital Medical Center

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS 1911 Johnson Ave. CITY SAN LUIS OBISPO STATE CA POSTAL CODE 93401 COUNTRY USA

1d. TAX ID # SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 770106277

1e. TYPE OF ORGANIZATION CORP

1f. JURISDICTION OF ORGANIZATION CA

1g. ORGANIZATIONAL I.D.#, if any AR0157394110000 NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2d. TAX ID # SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL I.D.#, if any NONE

3. SECURED PARTY'S NAME BY NAME of TOTAL ASSET or ASSIGNOR SP - Insert only one SECURED PARTY NAME (3a or 3b)

3a. ORGANIZATION'S NAME General Electric Company

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS 20225 Watertown Blvd., Ste 200 CITY BROOKFIELD STATE WI POSTAL CODE 53045 COUNTRY USA

CA-SOS

4. This FINANCING STATEMENT covers the following collateral:
1 (one) DMR+ Mammography Console K#8557291, 96093334 and all additions, accessions, modifications, improvements, replacements, substitutions, and accessories thereto and therefor, or hereafter required.

5. ALTERNATIVE DESIGNATION of application: FUTURE EASONS CONSUMER/COMMERCE BAY F/RES OF FILER/BUYER SELLER UCC IS 90

6. FINANCING STATEMENT is to be used (check one): (a) as reported on this FILER (check to REQUEST BY ARCH REPORTS) on Debtor(s) AT Debtor Debtor 1 Debtor 2

7. STATE BY CODE ALIEN ASSIGNMENT TO assignee: ADDITIONAL FILER NUMBER

8. OPTIONAL FILER REFERENCE DATA

L8531902-1

0211460671

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER (optional)

B SEND ACKNOWLEDGMENT TO: (Name and Address)

LexisNexis
Document Solutions
 1029 I Street, Suite 100
 Sacramento, CA 95814

P6-0000-767-8



FILED
 SACRAMENTO, CA
 APR 23, 2002 AT 1548
 BILL JONES
 SECRETARY OF STATE

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME
 French Hospital Medical Center

OR

1b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 1911 Johnson Avenue San Luis Obispo CA 93401 USA

1d TAX ID # SSN OR EIN **ADDL. INFO RE ORGANIZATION DEBTOR** **1e TYPE OF ORGANIZATION** **1f JURISDICTION OF ORGANIZATION** **1g ORGANIZATIONAL ID #, if any**
 Corporation California C1348658 NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a ORGANIZATION'S NAME

OR

2b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2d TAX ID # SSN OR EIN **ADDL. INFO RE ORGANIZATION DEBTOR** **2e TYPE OF ORGANIZATION** **2f JURISDICTION OF ORGANIZATION** **2g ORGANIZATIONAL ID #, if any**
 NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR (SP)) - insert only one secured party name (3a or 3b)

3a ORGANIZATION'S NAME
 Olympus America Inc.

OR

3b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 Two Corporate Center Drive Melville NY 11747 USA

4. This FINANCING STATEMENT covers the following collateral:

See Schedule A attached hereto and made a part hereof.

and all substitutions, replacements, additions, attachments & accessories thereto and proceeds thereof, now owned or hereafter acquired.

031802-2A

5 ALTERNATIVE DESIGNATION (if applicable) LESSEE/LESSOR OCCASIONAL CO-SIGNOR BAILEE/BALOR SELLER/PURCHASER AS LIEN NON-UCC FILING

6. (The FINANCING STATEMENT is to be filed for records, for recording in the REAL ESTATE RECORDS, AND/OR AS AN ADDITIONAL FEE) **7. (ONE IS REQUIRED: DEBTS REPORT(S) OR LISTING(S) REFERENCE)** All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA
 CA SEC OF STATE

4029699-11

Agreement No. CPP-031802-2A

0211460671

SCHEDULE A

<u>QUANTITY</u>	<u>EQUIPMENT DESCRIPTION</u>
One (1)	GIF-160 Video Gastroscope with Dual Light Guides
One (1)	PCF-160AL Variable Stiffness Pediatric Video Colonoscope

Olympus Financial Services®, a
Division of Olympus America Inc.

USER:
French Hospital Medical Center

By: _____

Name: John M. Tabone

Title: Senior Vice President

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

8. NAME OF FIRST DEBTOR (19 or 18) ON RELATED FINANCING STATEMENT

19a ORGANIZATION'S NAME French Hospital Medical Center		
OR	19b INDIVIDUAL'S LAST NAME	FIRST NAME
		MIDDLE NAME, SUFFIX

10 MISCELLANEOUS

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only; see notes (11a or 11b) - do not abbreviate or shorten names

11a ORGANIZATION'S NAME			
OR	11b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
			SUFFIX
11c MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY
11d TAX ID #	SSN OR EIN	11e TYPE OF ORGANIZATION	11f JURISDICTION OF ORGANIZATION
	ADD'L INFO RE ORGANIZATION DEBTOR		11g ORGANIZATIONAL ID #, if any
			<input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S g. ASSIGNOR S/P'S NAME - insert only; see notes (12a or 12b)

12a ORGANIZATION'S NAME			
OR	12b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
			SUFFIX
12c MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY

13. This FINANCING STATEMENT covers interest to be put or all-secured collateral, or is filed as a future filing

14. Description of real estate

16. Additional collateral description

15. Name and address of a RECORD OWNER (if above-described real estate of Debtor does not have a record owner)

17. Check only if applicable and check only one box.

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction — effective 30 years

Filed in connection with a Public-Finance Transaction — effective 30 years

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1AD) (REV. 07/29/98)

0217860563

ATTACHMENT

NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

ORGANIZATION'S NAME French Hospital Medical Center		
INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

This FINANCING STATEMENT is filed in lieu of continuation for the following previously filed financing statement(s), each of which remains effective:

ORIGINAL FINANCING STATEMENT			MOST RECENT CONTINUATION STATEMENT	
FILED OFFICE	ORIGINAL DATE	ORIGINAL NUMBER	CONTINUATION DATE	CONTINUATION NUMBER
San Luis Obispo Co., CA	3/24/00	2000-015583		

0217860563

THIS SPACE FOR USE OF FILING OFFICE

FINANCING STATEMENT — FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

COPY of Document Recordation

MAR 24 2000

2000-015585

A. NAME & TEL. # OF CONTACT AT FILER (optional)		B. FILING OFFICE ACCT. # (optional)	
C. RETURN COPY TO: (Name and Mailing Address)			
LEXIS DOCUMENT SERVICES INC PO BOX 2969 SPRINGFIELD, IL 62708			
D. OPTIONAL DESIGNATION of registration		NON-UCC FILING	

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME
French Hospital Medical Center

OR
1b. INDIVIDUAL'S LAST NAME

1c. MAILING ADDRESS 1911 Johnson Avenue		CITY SAN LUIS OBISPO	STATE CA	COUNTRY USA	POSTAL CODE 93401
--	--	-------------------------	-------------	----------------	----------------------

1e. SS OR TAX ID # 77-0106277	OPTIONAL ADD'L INFO RE ENTITY DEBTOR	1d. TYPE OF ENTITY	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	1g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE
----------------------------------	--	--------------------	---	--

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME

OR
2b. INDIVIDUAL'S LAST NAME

2c. MAILING ADDRESS		CITY	STATE	COUNTRY	POSTAL CODE
---------------------	--	------	-------	---------	-------------

2e. SS OR TAX ID #	OPTIONAL ADD'L INFO RE ENTITY DEBTOR	2d. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE
--------------------	--	--------------------	---	--

3. SECURED PARTY'S (ORIGINAL SP or ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME
Helier Healthcare Finance

OR
3b. INDIVIDUAL'S LAST NAME

3c. MAILING ADDRESS 2 Wisconsin Circle 4th Floor		CITY CHEVY CHASE	STATE MD	COUNTRY USA	POSTAL CODE 20815
---	--	---------------------	-------------	----------------	----------------------

4. This FINANCING STATEMENT covers the following types or items of property:
All accounts receivable and such other assets of Debtor as are described in Exhibit A attached hereto and made a part hereof.

0217860563

5. CHECK <input type="checkbox"/> The FINANCING STATEMENT is signed by the Secured Party, member of the Debtor is party to a security interest in a category of assets subject to a security interest in proper jurisdiction when it was brought into the state, or when the Debtor's record was changed to the state, or it is accepted with other creditors, providing appropriate laws may be required.		7. IF FILED IN FLORIDA CHECK ONE Documentarily Documentarily & Physically	
6. SECURED SIGNATURE OF French Hospital Medical Center		8. Check to REQUEST SEARCH CERTIFICATE BY OFFICER (ADDITIONAL FEE) <input type="checkbox"/> As Debtor <input type="checkbox"/> Creditor 1 <input type="checkbox"/> Creditor 2	

CA
J1360177-6

EXHIBIT A TO UCC-1 FINANCING STATEMENT

- (a) All of Debtor's now owned and hereafter acquired or arising Accounts, and all of Debtor's contract rights, chattel paper, documents and instruments with respect thereto, and all of Debtor's rights, remedies, security and liens, in, to and in respect of the Accounts, including, without limitation, rights of stoppage in transit, replevin, repossession and reclamation and other rights and remedies of an unpaid vendor, lienor or secured party, guaranties or other contracts of suretyship with respect to the Accounts, deposits or other security for the obligation of any Account Debtor, and credit and other insurance;
- (b) All of Debtor's right, title and interest in and to the Lockbox Account;
- (c) All of Debtor's now owned and hereafter acquired or arising general intangibles and other property of every kind and description with respect to or evidencing its Accounts, including, but not limited to, all existing and future customer lists, choses in action, claims, books, records, ledger cards, contracts, rights and claims under insurance policies, and computer programs, information, software, records, and data, as the same relates to the Accounts;
- (d) The proceeds (including, without limitation, insurance proceeds) of all of the foregoing.

For purposes hereof, the term "Account" shall mean any right to payment for goods sold or leased or services rendered, in each case related to the provision of Medical Services, whether or not evidenced by an instrument or chattel paper, and whether or not earned by performance, including, without limitation, the right to payment of management fees.

For purposes hereof, the term "Governmental Authority" means and includes any federal, state, District of Columbia, county, municipal, or other government and any department, commission, board, bureau, agency or instrumentality thereof, whether domestic or foreign.

For purposes hereof, the term "Insurer" means a Person that insures a Patient against certain of the costs incurred in the receipt by such Patient of Medical Services, or that has an agreement with Debtor to compensate Debtor for providing services to a Patient.

For purposes hereof, the term "Lockbox Account" means an account maintained by Debtor at Bank One Arizona, N.A., or another bank as agreed upon by Debtor and Secured Party or a successor financial institution, into which all collections of Accounts are paid directly.

For purposes hereof, the term "Medical Services" means Medical and health care services provided to a Patient, including, but not limited to, medical and health care services provided to a Patient and performed by Debtor which are covered by a policy of insurance

0217860563

issued by an Insurer, and includes physician services, nurse and therapist services, dental services, hospital services, skilled nursing facility services, comprehensive outpatient rehabilitation services, home health care services, residential and out-patient behavioral healthcare services, and medicine or health care equipment provided by Debtor to a Patient for a necessary or specifically requested valid and proper medical of health purpose.

For purposes hereof, the term "Patient" means any Person receiving Medical Services from Debtor and all Persons legally liable to pay Debtor for such Medical Services other than Insurers.

For purposes hereof, the term "Person" means an individual, partnership, corporation, trust, joint venture, joint stock company, limited liability company, association, unincorporated organization, Governmental Authority, or any other entity.

Exhibit B

Additional Debtor names and locations are the following:

Corona Regional Medical Center
800 South Main Street
Corona, CA 91720

Arroyo Grande Community Hospital
345 South Halcyon Road
Arroyo Grande, CA 93420

Corona Regional Medical Center Rehabilitation Hospital
730 Magnolia Avenue
Corona, CA 91719

"CHENIUZ\VOL1_APPS\WPLEGAL\CLIENTS\VISTA HOSPITAL\Exhibi B.doc

0217860563

0221260757



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND A KNOWLEDGEMENT TO: (Name and Address)

Please return to:

Diligent, Inc.
4629 168th ST SW
Lynnwood, WA 98037

JILL
PPA # 10342

FILED
SACRAMENTO, CA
JUL 30, 2002 AT 1336
BILL JONES
SECRETARY OF STATE

THE ABOVE

1. DEBTOR'S EXACT FULL LEGAL NAME - (Insert and if one of the following names (1a or 1b) - do not abbreviate or combine names)

1a. ORGANIZATION'S NAME: French Hospital Medical Center
1b. INDIVIDUAL'S LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX
1c. MAILING ADDRESS: 1511 Johnson
1d. TAX ID # (EIN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR): 77-2108277
1e. TYPE OF ORGANIZATION: Corporation
1f. JURISDICTION OF ORGANIZATION: CA
1g. ORGANIZATIONAL ID #, if any: NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - (Insert only one debtor name (2a or 2b) - do not abbreviate or combine names)

2a. ORGANIZATION'S NAME
2b. INDIVIDUAL'S LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX
2c. MAILING ADDRESS
2d. TAX ID # (EIN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR)
2e. TYPE OF ORGANIZATION
2f. JURISDICTION OF ORGANIZATION
2g. ORGANIZATIONAL ID #, if any: NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNOR if ASSIGNOR (SP) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME: Mid-State Bank & Trust
3b. INDIVIDUAL'S LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX
3c. MAILING ADDRESS: 1026 Grand Avenue, P.O. Box 530
3d. CITY: Arroyo Grande
3e. STATE: CA
3f. POSTAL CODE: 93021-0530
3g. COUNTRY

4. This FINANCING STATEMENT covers the following collateral:
All Equipment described on Attachment "A" attached hereto and made a part hereof; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles, and accounts proceeds)
Mid-State Bank & Trust is the owner of record and lessor of equipment described on Attachment "A" hereto attached. This filing is for perfection by purpose only in the event that the lease agreement is interpreted to be a security agreement and the filing of this financing statement shall not transform the lease into a security agreement.

5. ALTERNATIVE DESIGNATION (if applicable)
6. THE FINANCING STATEMENT IS TO BE FILED FOR RECORD OR IN CONNECTION WITH A TRANSACTION OTHER THAN A PURCHASE OF RECEIVABLES
7. SEARCH REPORTS TO BE CONDUCTED
8. OPTIONAL FILING REFERENCE DATA: 87 1:3 80240-01
9. NUMBER: 1143738
FILING OFFICE: COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/2000)
POSTERS: FINANCIAL SERVICES
400 S.W. 9th Avenue, Portland, Oregon 97204

0221260757

ATTACHMENT A

EQUIPMENT DESCRIPTION

Equipment Domicile:

French Hospital
1911 Johnson
San Luis Obispo, CA 93401

County:

San Luis Obispo, CA

Item Number

UM Shipped

SHIP TO ARRIVE JUNE 10TH.

ASS-ADU32 RCNDT

0 EA

5.0

AS/S ADU RECONDITION SYS CONFIG W/2 LCD DISPLAYS

Lot/Serial Numbers Shipped:

40032630

40043498 40043495 40043498 40043501

R-AU ANESTHESIA UNIT SET

A-DR

2 ADU DRAWERS

A-CART ANESTHESIA CART HIGH

6

2030 CABLE MANAGEMENT ARM

A-CUSS COMPACT PATIENT CIRCUIT

A

AXVC1 VACUUM CONNECTOR

8500938 FRESH GAS HOSE STARTER KIT

A

AX021 O2 OUTLET

A-MFR MODULE FRAME RACK

A-FG

FRESH GAS FLOW GAUGE

D-LCC1077 WORKSTATION LCD DISPLAY

888525 LCD DISPLAY INTERFACE CABLE

888528 ADU/AM INTERFACING CABLE

A-LT LARGE ADU TABLE

894622 ACCESSORY RAIL

A-E0 ELECTRICAL OUTLETS

A-AS1 CASSETTE HOLDER/SLOTS

A-YN201 N2O YOKE

A-Y021 O2 YOKE

A-YAIR AIR YOKE

8502304

EA

5.0

MNL USES REFERENCE S/S ADU

A-V80-X

EA

5.0

NOTE: THIS EQUIPMENT DESCRIPTION IS NOT ALL INCLUSIVE

0221260757

ATTACHMENT A

EQUIPMENT DESCRIPTION

Equipment Domicile:

French Hospital
1911 Johnson
San Luis Obispo, CA 93401

County:

San Luis Obispo, CA

Item Number	UM	Shipped
ALADIN CASSETTE FOR ISOFLURANE Lot/Serial Numbers Shipped: 858422 859237 871042	EA	5.0
F-CUB CENTRAL UNIT & MODULE FR Lot/Serial Numbers Shipped: 4302848 4302851 4302859 4302861 4302854	EA	5.0
S-ARK855 SOFTWARE, SERVICE REPL Lot/Serial Numbers Shipped: 4828541 4833381 4867202 4867203 4881646	EA	5.0
B-CPU4 CPU BOARD EXTENDED MEMORY Lot/Serial Numbers Shipped: 3843770 90045680 90045653 90052915 90053031	EA	5.0
B-DISP UNIVERSAL DISPLAY CONTROL Lot/Serial Numbers Shipped: 90051534 90051535 90052610 90052611 90052612 90052613 90052614 90057615 90052616 90052617	EA	10.0
B-INT EXTERNAL INTERFACE REV.01 Lot/Serial Numbers Shipped: 3857159 3857159 3857177 3857261 3857173	EA	5.0

NOTE: THIS EQUIPMENT DESCRIPTION IS NOT ALL INCLUSIVE

0221260757

ATTACHMENT A

EQUIPMENT DESCRIPTION

Equipment Domicile: French Hospital
 1911 Johnson
 San Luis Obispo, CA 93401

County: San Luis Obispo, CA

Item Number	UM	Shipped
B-ARK IM RECORDKEEPER CONNECT D Lot/Serial Numbers Shipped: 4410122 4410123 4410124 4410125 4410137	EA	5.0
68236 CA PWR CCRD DATEX RTANG	EA	5.0
891686 AS3 AM USER GUIDE REV G	EA	1.0
894577 AS3 AM USER REFERENCE M	EA	1.0
8002784 SIS ANEII AND CRITICAL CARE TECH REF MANUAL REPLACES 080624	EA	1.0
1100-3001-000 ADPTR HF FORANE AIR CHK CORR PURPLE 53538	EA	5.0
DX-0021-111 RAIL MOUNT ACCESSORY CLAMP O2 ALX FA	EA	5.0
657420 MNL BAG HOSE	EA	5.0
735053	EA	5.0

NOTE: THIS EQUIPMENT DESCRIPTION IS NOT ALL INCLUSIVE

0221260757

ATTACHMENT A

EQUIPMENT DESCRIPTION

Equipment Domicile: French Hospital
1911 Johnson
San Luis Obispo, CA 93401

County: San Luis Obispo, CA

Item Number	UM	Shipped
MASK HOOK FOR CABLE MANAGEMENT ARM	--	-----
884828 EXTENSION HOLDER FOR PATIENT CKT & ACCESS ARM	EA	6.0
1010-8017-000 KIT FLOWMTR PC O2 RAIL MTG FOR ANES MACH	EA	5.0
889560 ADULT DISPOSABLE SPIROHE T 50/PK		3
M-CAIOV Airway Gas Module with CO2, N2O, O2, S Agent ID and Spirometry		5.0

NOTE: THIS EQUIPMENT DESCRIPTION IS NOT ALL INCLUSIVE

0232960608



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO (Name and Address)

LexisNexis Document Solutions
1029 J Street
Suite 100
Sacramento, CA 95814

PG-0000-767-8

FILED
SACRAMENTO, CA
NOV 25, 2002 AT 1151
BILL JONES
SECRETARY OF STATE

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine first...

1a ORGANIZATION'S NAME
FRENCH HOSPITAL MEDICAL CENTER

OR 1b INDIVIDUAL'S LAST NAME

1c MAILING ADDRESS
1911 JOHNSON AVE

CITY: SAN LUIS OBISPO STATE: CA POSTAL CODE: 93401 COUNTRY: USA

1d TYPE OF ORGANIZATION: CORP 1e JURISDICTION OF ORGANIZATION: CA 1f ORGANIZATIONAL ID # if any: C1348658

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a ORGANIZATION'S NAME

OR 2b INDIVIDUAL'S LAST NAME

2c MAILING ADDRESS

CITY

STATE POSTAL CODE COUNTRY

2d TYPE OF ORGANIZATION 2e JURISDICTION OF ORGANIZATION 2f ORGANIZATIONAL ID # if any

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SP) - insert only one secured party name (3a or 3b)

3a ORGANIZATION'S NAME
GE Capital Corporation

OR 3b INDIVIDUAL'S LAST NAME

3c MAILING ADDRESS
10 Riverview Drive

CITY: Danbury STATE: CT POSTAL CODE: 06810 COUNTRY: USA

4. This FINANCING STATEMENT covers the following collateral:

ONE (1) REFLEX 100 ARRAY PROCESSOR, TOGETHER WITH ANY AND ALL ADDITIONS, ATTACHMENTS, ACCESSORIES AND ACCESSIONS AND ANY AND ALL SUBSTITUTIONS, REPLACEMENTS OR EXCHANGES THEREFOR, AND ANY AND ALL INSURANCE AND/OR OTHER PROCEEDS, THEREOF, FINANCED PURSUANT TO THAT CERTAIN AGREEMENT BETWEEN FRENCH HOSPITAL MEDICAL CENTER (DEBTOR) AND GE CAPITAL CORPORATION (SECURED PARTY).

ACCOUNT NUMBER: 4161762-001 MT

14
11
13

5. ALTERNATIVE DESIGNATION (if applicable) LESSEE/LESSOR CONVEYOR/CONSIGNEE BALEE/BALOR SELLER/BUYER FAC LIEN NON-UCC FILING

6. THIS FINANCING STATEMENT IS TO BE FILED (for records, for recording) IN THE REAL ESTATE RECORDS. ALIAS ADDRESS: F. ADDITIONAL FEE 7. CHECK TO REQUEST SEARCH REPORT (to be on Lessor's) (optional) 8. OPTIONAL FILER REFERENCE DATA (AF Debtors Debtor 1 Debtor 2)

CT CORPORATION SYSTEM

Document Listing

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza

Subject: French Hospital Medical Center

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: San Luis Obispo County, California

File Date	File No.	Type	Additional Information
PRESENTLY EFFECTIVE RECORDS			
05/22/92	CV00071793	LIT	James Serro
03/02/93	CV00073167	LIT	Helen Chatham
06/09/93	MC00046514	LIT	Raymond Lesley Mace
06/10/93	CV00073708	LIT	San Luis Obispo
07/05/93	CV00073852	LIT	David Hopson
03/08/94	MC00048629	LIT	Thalia Woodard
03/30/94	CV00075233	LIT	George Phebas
04/28/94	CV00075414	LIT	Menolly Helfer
05/25/94	MC00049340	LIT	Melenie & Hayes Smith
09/21/94	CV00076209	LIT	Ricahrd Dunbar
09/27/94	CV00076246	LIT	Harry Moreksad I
11/02/94	CV00076427	LIT	John & Wanda Gallagher
12/05/94	CV00076583	LIT	Thalia Woodard
01/19/95	CV00076773	LIT	Barbara Price
02/06/95	CV00076894	LIT	Jill Fisher
03/03/95	MC00051466	LIT	Edgar H Smith
03/29/95	MC00051652	LIT	Al Redwine
09/19/95	CV00077922	LIT	Marica Mitchell
01/16/96	CV00078462	LIT	Carol Goodrich
02/29/96	CV00078680	LIT	Michael & Sasa Niblett
07/30/96	CV00079414	LIT	Ida & John Vieria
08/23/96	CV00079537	LIT	Wendy Kurczewski
11/13/96	CV00079931	LIT	Nathan Singer MD
05/02/97	CV00080664	LIT	Inez House
06/19/97	CV00080877	LIT	Skannan Hamm

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
Fax: (888) 829-5819

This report contains information compiled from sources which CT Corporation System considers reliable, but does not control. Information provided is non-certified unless otherwise indicated. CT in no way undertakes or assumes any part of the customer's business, legal or similar risks, and does not guarantee the accuracy, completion, or timeliness of the information provided, and shall not be liable for any losses or injuries whatever resulting from any contingency beyond its control, or from negligence, regardless of the cause. The categorization of filings is provided for the convenience of the customer and is not to be construed as a legal opinion concerning the status of the filings.

Signed _____

CT CORPORATION SYSTEM

Document Listing

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza

Subject: French Hospital Medical Center

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: San Luis Obispo County, California

File Date	File No.	Type	Additional Information
PRESENTLY EFFECTIVE RECORDS (CONTINUED)			
09/24/97	CV00081301	LIT	Roger Koenenger
11/18/97	CV00081578	LIT	Boris Pilch MD
11/24/97	CV00081606	LIT	Department of Industrial Relations
11/24/97	CV00081607	LIT	Boris Pilch MD
04/01/98	CV00980260	LIT	Dorothy & Sydney Doty
04/16/98	CV00980315	LIT	Patsy Buchaman
04/16/98	CV00980315	LIT	Patsy Buchaman
04/22/98	CV00980339	LIT	Loretta Grant
09/08/98	CV00980756	LIT	Stephan White
09/22/98	CV00980812	LIT	Oskar Burkard
11/30/98	CV00981032	LIT	Rosela M Meraz
12/02/98	CV00981036	LIT	Debra Minckler
12/23/98	CV00981109	LIT	Joseph Torik
02/22/99	CV00990153	LIT	Lonnie & Shirley Lacy
03/29/99	CV00990254	LIT	Joan M Perry
04/16/99	CV00990315	LIT	Oskar Burkard
05/03/99	CV00990371	LIT	Chryseala Vlassis
09/29/99	CV00990876	LIT	Alan Peiffer
01/11/00	CV00000029	LIT	Ernest Delgado
03/03/00	CV00000201	LIT	Bruce Cardiff
03/09/00	CV00000217	LIT	Eileen B. Thompson
10/04/00	CV00000693	LIT	Lisa Guy
04/20/01	CV00010340	LIT	Boris Pilch MD
10/16/01	CV00010895	LIT	Morlaine Ardley Nelson

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
Fax: (888) 829-5819

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Signed _

CT CORPORATION SYSTEM**Document Listing**

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza

Subject: French Hospital Medical Center

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: San Luis Obispo County, California

File Date	File No.	Type	Additional Information
PRESENTLY EFFECTIVE RECORDS (CONTINUED)			
07/11/02	CV00020651	LIT	Dorothy & Jero Martin
09/03/02	CV00020866	LIT	Lupe & Carolyn Estrada
10/04/02	CV00020971	LIT	Louis Anton Zucco

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
Fax: (888) 829-5819

This report contains information compiled from sources which CT Corporation System considers reliable, but does not control. Information provided is non-certified unless otherwise indicated. CT in no way undertakes or assumes any part of the customer's business, legal or similar risks, and does not guarantee the accuracy, completion, or timeliness of the information provided, and shall not be liable for any losses or injuries whatever resulting from any contingency beyond its control, or from negligence, regardless of the cause. The categorization of filings is provided for the convenience of the customer and is not to be construed as a legal opinion concerning the status of the filings.

Signed _____

CT CORPORATION SYSTEM

Search Report

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza
Chicago, IL 60611-3608

Subject: French Hospital Medical Center

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: U.S. District Court, California Central District

Search Type: Federal Litigation Search - Searched as Defendant

Searched: N/A

Searched Through: 12/11/02

Synopsis: Civil Case(s) : 4

See listing for additional information.

Copies : 41

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
Fax: (888) 829-5819

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Signed _____

CT CORPORATION SYSTEM

Document Listing

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza

Subject: French Hospital Medical Center

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: U.S. District Court, California Central District

File Date	File No.	Type	Additional Information
PRESENTLY EFFECTIVE RECORDS			
10/31/86	86-CV-71C	LIT	CA Hospital Associates et al vs P C C, et al
01/19/96	96-CV-402	LIT	Michael Vukanovich, et al vs C A S H Inc., et al
05/14/97	97-CV-3647	LIT	Wendy Kurczewski vs French Hospital, et al
11/24/98	98-CV-9470	LIT	Boris Pilch, et al vs French Hospital, et al

CT CORPORATION SYSTEM
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Chicago, IL 60604
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Signed _____

U.S. District Court

Central District of California (Western Div.)

CIVIL DOCKET FOR CASE #: 86-CV-7101

CA Hospital Assoc, et al v. P C C, et al

Filed: 10/31/86

Assigned to: Judge Robert M. Takasugi

Demand: \$0,000

Nature of Suit: 890

Lead Docket: None

Jurisdiction: Federal Question

Dkt # in Sup Ct LA : is C590631

Cause: 28:1441 Petition for Removal- Racketeering (RICO) Act

CALIFORNIA HOSPITAL
ASSOCIATION, California non-
profit corporation
 plaintiff

J Mark Waxman
[COR LD NTC]
Weissburg & Aronson
2049 Century Park E
Suite 3200
Los Angeles, CA 90067
310-277-2223

ALTA BATES HOSPITAL, a
California non-profit
corporation
 plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

BARTON MEMORIAL HOSPITAL, a
California non-profit
corporation
 plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

BEVERLY HOSPITAL, a California
non-profit corporation
 plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

COMMUNITY HOSPITAL OF CHULA
VISTA, a California non-profit
corporation
 plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

COMMUNITY HOSPITAL OF SAN
GABRIEL, a California non-
profit corporation

J Mark Waxman
(See above)
[COR LD NTC]

plaintiff

CORONA COMMUNITY HOSPITAL, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

DAMERON HOSPITAL, a California
non-profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

DELTA MEMORIAL HOSPITAL, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

DOMINICAN SANTA CRUZ HOSPITAL,
a California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

EISENHOWER MEDICAL CENTER, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

ESKATON AMERICAN RIVER
HOSPITAL, a California non-
profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

FRENCH HOSPITAL MEDICAL CENTER,
a California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

FRESNO COMMUNITY HOSPITAL &
MEDICAL CENTER, a California
non-profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

GOOD SAMARITAN, a California
nonprofit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

GRANADA HILLS COMMUNITY
HOSPITAL, a California non-
profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

GREATER BAKERSFIELD MEMORIAL
HOSPITAL, a California non-
profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

HENRY MAYO NEWHALL MEMORIAL
HOSPITAL, a California non-
profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

HOAG MEMORIAL HOSPITAL
PRESBYTERIAN, a California
non-profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

HOLLYWOOD PRESBYTERIAN
HOSPITAL CENTER, a California
non-profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

HOLY CROSS HOSPITAL, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

INTERCOMMUNITY HOSPITAL, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

JOHN MUIR MEMORIAL HOSPITAL, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

LA PALMA INTERCOMMUNITY
HOSPITAL, a California non-
profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

LASSEN COMMUNITY HOSPITAL-
ESKATON, a California non-
profit corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

LODI MEMORIAL HOSPITAL, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

LONG BEACH COMMUNITY HOSPITAL,
a California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

MADERA COMMUNITY HOSPITAL, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

MEMORIAL HOSPITAL MEDICAL
CENTER OF LONG BEACH, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

MEMORIAL HOSPITAL MEDICAL
CENTER, a California non-

J Mark Waxman
(See above)

profit corporation plaintiff	[COR LD NTC]
MERCY HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
MERCY HOSPITAL & MEDICAL CENTER, a California non- profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA, a California non- profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
MILLS MEMORIAL HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
MOUNT SHASTA COMMUNITY HOSPITAL, a California non- profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
NORTHRIDGE HOSPITAL MEDICAL CENTER, a California non- profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
OROVILLE HOSPITAL & MEDICAL CENTER, a California non- profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
ORTHOPAEDIC HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
PACIFIC HOSPITAL OF LONG BEACH, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
PARKVIEW COMMUNITY HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
QUEEN OF THE VALLEY HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
RIDEOUT MEMORIAL HOSPITAL, a California non-profit hospital	J Mark Waxman (See above)

plaintiff	[COR LD NTC]
ROSEVILLE COMMUNITY HOSPITAL, a California non-profit corporation	J Mark Waxman (See above) [COR LD NTC]
plaintiff	
SADDLEBACK COMMUNITY HOSPITAL, a California non-profit corporation	J Mark Waxman (See above) [COR LD NTC]
plaintiff	
SAINT AGNES MEDICAL CENTER, a California non-profit corporation	J Mark Waxman (See above) [COR LD NTC]
plaintiff	
SAINT JOSEPH MEDICAL CENTER, a California non-profit corporation	J Mark Waxman (See above) [COR LD NTC]
plaintiff	
SAINT JOSEPH'S HOSPITAL OF STOCKTON, a California non- profit corporation	J Mark Waxman (See above) [COR LD NTC]
plaintiff	
SAINT MARY MEDICAL CENTER, a California non-profit corporation	J Mark Waxman (See above) [COR LD NTC]
plaintiff	
SAINT MARY'S HOSPITAL & MEDICAL CENTER, a California non-profit corporation	J Mark Waxman (See above) [COR LD NTC]
plaintiff	
SAINT ROSE HOSPITAL, a California non-profit corporation	J Mark Waxman (See above) [COR LD NTC]
plaintiff	
SAINT VINCENT MEDICAL CENTER INC, a California non-profit corporation	J Mark Waxman (See above) [COR LD NTC]
plaintiff	
SAN ANTONIO COMMUNITY HOSPITAL, a California non-profit corporation	J Mark Waxman (See above) [COR LD NTC]
plaintiff	
SAN JOSE HOSPITAL, a California non-profit corporation	J Mark Waxman (See above) [COR LD NTC]
plaintiff	
SANTA BARBARA COTTAGE HOSPITAL,	J Mark Waxman

a California non-profit corporation plaintiff	(See above) [COR LD NTC]
SANTA MONICA HOSPITAL MEDICAL CENTER, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SANTA PAULA MEMORIAL HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SCRIPPS MEMORIAL HOSPITAL-LA JOLLA, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SHARP CABRILLO HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SHARP MEMORIAL HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SIERRA COMMUNITY HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SIERRA NEVADA MEMORIAL HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SOUTH COAST MEMORIAL CENTER, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SUTTER DAVIS HOSPITAL, a California non-profit corporation plaintiff	
TORRANCE MEMORIAL HOSPITAL MEDICAL CENTER, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
TRACY COMMUNITY MEMORIAL HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]

VALLEY HOSPITAL MEDICAL CENTER, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
VALLEY MEMORIAL HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
VERDUGO HILLS HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
VILLAVIEW COMMUNITY HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
WATSONVILLE COMMUNITY HOSPITAL, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
WESTERN MEDICAL CENTER, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
WHITE MEMORIAL MEDICAL CENTER, a California non-profit corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
ARROYO GRANDE COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
BREA COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
BROOKWOOD HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
BROTMAN MEDICAL CENTER, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
CHINO COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
COMMUNITY HOSPITAL OF GARDENA, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]

COMMUNITY HOSPITAL OF SANTA CRUZ, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
DELANO REGIONAL MEDICAL CENTER, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
DOMINGUEZ VALLEY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
ENCINO HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
FOUNTAIN VALLEY COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
FRENCH HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
GENERAL HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
HEALDSBURG GENERAL HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
KENTFIELD MEDICAL HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
LA HABRA COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
LOS ROBLES REGIONAL MEDICAL CENTER, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
MAD RIVER COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
MANTECA HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
KAWEAH-DELTA DISTRICT HOSPITAL plaintiff	J Mark Waxman (See above) [COR LD NTC]
MEDICAL CENTER OF NORTH	J Mark Waxman

HOLLYWOOD, a California corporation plaintiff	(See above) [COR LD NTC]
MEDICAL CENTER OF TARZANA, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
MISSION COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
NEWHALL COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
PACIFICA COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
PALM DRIVE HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
PIONEER HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
RANCHO ENCINO HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SERRA MEMORIAL MEDICAL CENTER, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SHERMAN OAKS COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
SIERRA VISTA HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
TWIN CITIES COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
UKIAH GENERAL HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
VISALIA COMMUNITY HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
WESTSIDE HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]

WOODVIEW-CALABASAS HOSPITAL, a California corporation plaintiff	J Mark Waxman (See above) [COR LD NTC]
BROOKSIDE HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
CORCORAN DISTRICT HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
DESERT HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
EASTERN PLUMAS DISTRICT HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
HAZEL HAWKINS MEMORIAL HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
HEMET VALLEY HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
LOS MEDANOS COMMUNITY HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
MARIN GENERAL HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
MARK TWAIN HOSPITAL DISTRICT, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
MEDOCINO COAST DISTRICT HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
MOUNT DIABLO HOSPITAL MEDICAL CENTER, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
PETALUMA VALLEY HOSPITAL, a California district hospital plaintiff	J Mark Waxman (See above) [COR LD NTC]
SELMA DISTRICT HOSPITAL, a California district hospital	J Mark Waxman (See above)

plaintiff

[COR LD NTC]

SONOMA VALLEY HOSPITAL

J Mark Waxman

DISTRICT, a California
district hospital
plaintiff

(See above)
[COR LD NTC]

WASHINGTON HOSPITAL, a
California district hospital
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

BURBANK COMMUNITY HOSPITAL, a
California non-profit
corporation
plaintiff

J Mark Waxman
(See above)
[COR LD NTC]

v.

P C C INC, a California
corporation
defendant

ALVIN SAIDNER, an individual
defendant

Lawrence P Postal
[COR LD NTC]
Seyfarth Shaw Fairweather &
Geraldson
1111 19th Street N W
Washington, DC 20036
202-463-2400

STATE COMPENSATION INSURANCE
FUND, an independent state
agency
defendant

Pierce T Selwood
[COR LD NTC]
Sheppard Mullin Richter &
Hampton
333 S Hope Street
48th Floor
Los Angeles, CA 90071
213-620-1780

FREMONT INDEMNITY CO, a
California corporation
defendant

Laurence J Hutt
[COR LD NTC]
Kadison Pfaelzer Woodard Quinn
& Rossi
707 Wilshire Boulevard
Los Angeles, CA 90017
213-688-9000

LIBERTY MUTUAL INSURANCE
COMPANY, a Massachusetts
corporation
defendant

Maureen McGuirl
[COR LD NTC]

Gibson Dunn & Crutcher
333 S Grand Ave
Los Angeles, CA 90071-3197
213-229-7000

MISSION INSURANCE COMPANY, a
California corporation
defendant

COMMERICAL UNION INSURANCE CO,
a California corporation
defendant

DOES, 1 through 100 inclusive
defendant

Case Flags:
TERMED
(Bx)

END OF DOCKET: 2:86cv7101

PACER Service Center			
Transaction Receipt			
12/16/2002 11:09:39			
PACER Login:	mc0019	Client Code:	uccchi
Description:	docket report	Search Criteria:	2:86cv07101
Billable Pages:	16	Cost:	1.12

U.S. District Court

Central District of California (Western Div.)

CIVIL DOCKET FOR CASE #: 96-CV-402

Michael Vukanovich, et al v. C A S H Inc, et al

Filed: 01/19/96

Assigned to: Judge A. Andrew Hauk

Jury demand: Plaintiff

Referred to: Discovery Rosalyn M. Chapman

Demand: \$0,000

Nature of Suit: 690

Lead Docket: None

Jurisdiction: US Plaintiff

Dkt# in other court: None

Cause: False Claims

MICHAEL VUKANOVICH

aka

Seal 1

plaintiff

Mark Allen Kleiman

FAX 310-575-0097

[COR LD NTC]

Mark A Kleiman Law Offices

11755 Wilshire Blvd

Ste 2150

Los Angeles, CA 90025

310-268-0488

VIVA LIGHT

aka

Seal 2

plaintiff

Mark Allen Kleiman

(See above)

[COR LD NTC]

UNITED STATES OF AMERICA, ex

rel

plaintiff

Howard F Daniels

FTS Ext 6047

[COR LD NTC]

O'Melveny & Myers

400 S Hope St

Ste 1060

Los Angeles, CA 90071-2899

213-430-6000

Consuelo S Woodhead

FTS Ext 3987

FAX 213-894-3042

[COR LD NTC]

AUSA - Office of US Attorney

Civil Div - Federal Building
300 N Los Angeles St
Rm 7516
Los Angeles, CA 90012
213-894-2434

v.

C A S H INC
aka
Seal A
defendant

NAPOLEON CARBONELL
aka
Seal B
defendant

ORNDA HOSPITALS
aka
Seal C
defendant

SANTA MARTA HOSPITAL
aka
Seal G
defendant

RIO HONDO HOSPITAL
aka
Seal I
defendant

CALEXICO HOSPITAL
aka
Seal L
defendant

POMERADO HOSPITAL
aka
Seal P
defendant

PALOMAR HOSPITAL
aka
Seal R
defendant

COLLEGE HOSP
aka
Seal W

defendant

MESA HOSPITAL
aka
Seal AA
defendant

TRINITY HOSPITAL

aka
Seal EE
defendant

LAKE MEAD HOSPITAL

aka
Seal HH
defendant

TUSTIN HOSPITAL

aka
Seal II
defendant

MAGNOLIA SURGICENTER

aka
Seal KK
defendant

HARBOR VIEW HOSPITAL

aka
Seal LL
defendant

MIDWAY HOSPITAL

aka
Seal OO
defendant

TUCSON HOSPITAL

aka
Seal PP
defendant

CIRCLE CITY HOSPITAL

aka
Seal QQ

defendant

SOUTH PARK HOSPITAL

aka
Seal RR
defendant

BAY HARBOR HOSPITAL

aka
Seal TT
defendant

PUGET SOUND HOSPITAL

aka
Seal WW
defendant

SOUTH PARK HOSPITAL

aka
Seal ZZ
defendant

FRENCH HOSPITAL

aka

Seal DDD

defendant

ROSS HOSPITAL

aka

Seal FFF

defendant

CHARTER HOSPITAL

aka

Seal GGG

defendant

CHAPMAN HOSPITAL

aka

Seal MMM

defendant

COASTAL HOSPITAL

aka

Seal QQQ

defendant

LUCY LEE HOSPITAL

aka

Seal SSS

defendant

SOUTH BAY HOSPITAL

aka

Seal UUU

defendant

CIRCLE CITY HOSPITAL

aka

Seal AAAA

defendant

DOES, 1-500

aka

Seal BBBB

defendant

PARACELSUS HEALTH CORP

aka

Seal D

defendant

BEVERLY HILLS MEDICAL CENTER

aka

Seal E

defendant

SUBURBAN MEDICAL CENTER

aka

Seal F

defendant

LOS ANGELES DOCTOR'S HOSPITAL

aka

Seal H
defendant

CORONA REGIONAL MEDICAL CENTER

aka

Seal J

defendant

RIVERSIDE COMMUNITY HOSPITAL

aka

Seal K
defendant

WESTERN MEDICAL CENTER

[ANAHEIM]

aka

Seal M
defendant

BARSTOW MEDICAL CENTER

aka

Seal N
defendant

DESERT PALMS COMMUNITY
HOSPITAL

aka

Seal O
defendant

ST BERNARDINE HOSPITAL

aka

Seal Q
defendant

WESTERN MEDICAL CENTER [SANTA
ANA]

aka

Seal S
defendant

ALHAMBRA COMMUNITY HOSPITAL

aka

Seal T
defendant

MEDICAL CENTER OF NORTH
HOLLYWOOD

aka

Seal U
defendant

BARSTOW COMMUNITY HOSPITAL

aka

Seal V
defendant

VICTOR VALLEY HOSPITAL

aka

Seal X
defendant

DOCTOR'S HOSPITAL OF SANTA ANA

aka

Seal Y
defendant

SANTA ANA HOSPITAL MEDICAL

CENTER

aka

Seal Z
defendant

WHITTIER COMMUNITY HOSPITAL

MEDICAL CENTER

aka

Seal BB
defendant

LAKEWOOD REGIONAL MEDICAL

CENTER

aka

Seal CC
defendant

FOUNTAIN VALLEY MEDICAL CENTER

aka

Seal DD
defendant

SHARPSTOWN GENERAL HOSPITAL

aka

Seal FF
defendant

SOUTHWEST GENERAL HOSPITAL

aka

Seal GG
defendant

MONTEREY PARK HOSPITAL

aka

Seal JJ
defendant

LOS ALAMITOS MEDICAL CENTER

aka

Seal MM
defendant

BROTMAN MEMORIAL HOSPITAL

aka

Seal NN
defendant

SAN CLEMENTE HOSPITAL

aka

Seal SS

defendant

CORAL GABLES HOSPITAL

aka

Seal UU

defendant

WOODLAND PARK HOSPITAL

aka

Seal VV

defendant

EASTMORELAND HOSPITAL

aka

Seal XX

defendant

VALLEY COMMUNITY HOSPITAL

aka

Seal YY

defendant

FLORIDA CENTER FOR PSYCHIATRY

aka

Seal AAA

defendant

FLORIDA MEDICAL CENTER

aka

Seal BBB

defendant

SIERRA VISTA HOSPITAL

aka

Seal CCC

defendant

LONG BEACH DOCTOR'S HOSPITAL

aka

Seal EEE

defendant

ANAHEIM GENERAL HOSPITAL

aka

Seal HHH

defendant

DOWNEY COMMUNITY HOSPITAL

aka

Seal III

defendant

NORWALK COMMUNITY HOSPITAL

aka

Seal JJJ

defendant

ARROYO GRANDE HOSPITAL
aka
Seal KKK
defendant

WOODRUFF COMMUNITY HOSPITAL
aka
Seal LLL
defendant

CALLOWAY COMMUNITY HOSPITAL
aka
Seal NNN
defendant

DAVENPORT MEDICAL CENTER
aka
Seal OOO
defendant

SOUTH COAST MEDICAL CENTER
aka
Seal PPP
defendant

DANIEL FREEMAN HOSPITAL
aka
Seal RRR
defendant

AMI GARDEN GROVE HOSPITAL
aka
Seal TTT
defendant

PALM BEACH GARDENS MEDICAL
CENTER
aka
Seal VVV
defendant

GOLDEN GLADES HOSPITAL
aka
Seal WWW
defendant

ST LUKE'S HOSPITAL [PHOENIX]
aka
Seal XXX
defendant

ST LUKE'S HOSPITAL [TEMPE]
aka
Seal YYY
defendant

THOMPSON MEMORIAL MEDICAL

CENTER
aka
Seal ZZZ
defendant

DOCKET PROCEEDINGS

DATE	#	DOCKET ENTRY
1/19/96	1	COMPLAINT (Summons(es) issued) (referred to Discovery Rosalyn M. Chapman) (seal) [Entry date 02/01/96]
9/22/98	19	NOTICE by USA of intervention; and stip of dism by US & relators. (seal) [Entry date 09/25/98]
9/24/98	21	ORDER by Judge A. A. Hauk that the cmp [1-1], the US' ntc of intervention & stip of dism [19-1], and this ord be UNSEALED. All other contents of the Crt's file in this actn REMAIN UNDER SEAL & not be made public or served upon the dfts. This actn is dism on the terms set forth in the stip [19-1]. Case terminated. (ENT 9/29/98) MD JS-6. mld cpy AUSA. (seal) [Entry date 09/29/98]
9/24/98	--	REMARK: SEAL LIFTED as to cmp [1-1], US' ntc of intervention & stip of dism [19-1], and Ord [21-1], ONLY. (seal) [Entry date 09/29/98]

Case Flags:
TERMED

END OF DOCKET: 2:96cv402

PACER Service Center			
Transaction Receipt			
12/16/2002 11:09:57			
PACER Login:	mc0019	Client Code:	uccchi

Description:	docket report	Search Criteria:	2:96cv00402
Billable Pages:	12	Cost:	0.84

U.S. District Court

Central District of California (Western Div.)

CIVIL DOCKET FOR CASE #: 97-CV-3647

Wendy Kurczewski v. French Hospital, et al

Filed: 05/14/97

Assigned to: Judge William D. Keiler

Referred to: Discovery Virginia A. Phillips

Demand: \$0,000

Nature of Suit: 720

Lead Docket: None

Jurisdiction: Federal Question

Dkt # in Supr Crt SLO : is CV079537

Cause: 28:1441 Notice of Removal

WENDY KURCZEWSKI
plaintiff

Darla R Anderson
[COR LD NTC]
Darla R Anderson Law Offices
1220 1/2 State St
Santa Barbara, CA 93101
805-962-0083

v.

FRENCH HOSPITAL, a business
organization of form unknown
defendant

Louise Ann Fernandez
FAX 310-203-0567
[COR LD NTC]
Lynne M Hook
FAX 310-203-0567
[COR LD NTC]
Jeffer Mangels Butler & Marmaro
2121 Avenue of the Stars
10th Floor
Los Angeles, CA 90067-5010
310-203-8080

ORNDA HEALTH CARE SYSTEM, a
corp, actually named OrNda
Hospital Corporation
defendant

Louise Ann Fernandez
(See above)
[COR LD NTC]
Lynne M Hook
(See above)
[COR LD NTC]

JAN DUFFY, an individual

Louise Ann Fernandez

defendant	(See above) [COR LD NTC] Lynne M Hook (See above) [COR LD NTC]
LINDA SAGENDOFT, an individual defendant	Louise Ann Fernandez (See above) [COR LD NTC] Lynne M Hook (See above) [COR LD NTC]
VICKI DUNKLE, an individual defendant	Louise Ann Fernandez (See above) [COR LD NTC] Lynne M Hook (See above) [COR LD NTC]
SUSAN WINSELL, an individual defendant	Louise Ann Fernandez (See above) [COR LD NTC] Lynne M Hook (See above) [COR LD NTC]
ANNIE REPOSA, an individual defendant	Louise Ann Fernandez (See above) [COR LD NTC] Lynne M Hook (See above) [COR LD NTC]
DOES, 1 through 20 inclusive defendant	

DOCKET PROCEEDINGS

DATE	#	DOCKET ENTRY
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5/14/97	1	NOTICE OF REMOVAL by defendant French Hospital, defendant OrNda Hospital Corp erroneously sued as Ornda Health Care, defendant Jan Duffy, defendant Linda Sagendoft, defendant Vicki Dunkle, defendant Susan Winsell from Supr Crt San Luis Obispo(Case Number: CV079537) with copy summons and complaint referred to Discovery Virginia A. Phillips . (bg)
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[Entry date 05/19/97]

- 5/15/97 5 CERTIF OF SERVICE by defendant of ntc to adverse pty of removal on Darla R Anderson Esq on 5/14/97 (lc) [Entry date 05/27/97]
- 5/20/97 2 ORDER re mot practice by Judge William D. Keller (lori) [Entry date 05/21/97]
- 5/21/97 3 ANSWER by defendant Jan Duffy, defendant Linda Sagendoft, defendant Vicki Dunkle, defendant Susan Winsell, defendant Annie Reposa to [1-1] (es) [Entry date 05/22/97]
- 5/21/97 4 ANSWER by defendant French Hospital, defendant Ornda Health Care to [1-1] (es) [Entry date 05/22/97]
- 7/7/97 6 DECLARATION of plf non-compliance w/loc rule 6 and req for OSC of Lynne M Hook by defendant (lc) [Entry date 07/08/97]
- 7/23/97 7 MINUTES: ; telephone conference set on 12:15 7/30/97 plf cnsl to iititate conf w/deft cnsl and contact crt by Judge William D. Keller CR: none (lc) [Entry date 07/24/97]
- 7/28/97 8 MINUTES: ; mandatory status conference set on 2:00 11/3/97. LEAD TRIAL CNSL ARE ORD TO BE PRESENT. It is fur Ord that the following prties be presnet at the Status Conf: Wendy Kurczenski by Judge William D. Keller. CR: none present (pbap) [Entry date 07/29/97]
- 7/30/97 9 MINUTES: ; telephone conference held. Ms Anderson is ord to immd adv her client by cert mail that failure to cmply with this Crt's rules and ords will result in a disml w/prej. Fur, pltf is ord to immed contact Ms. Anderson. Ms. Anderson is to file a decl NLT 8/6/97 re the results of her contact. Mattr will then stand submitted by Judge William D. Keller. CR: David Lee (pbap) [Entry date 07/31/97]
- 8/6/97 10 DECLARATION of Darla R. Anderson by plaintiff re compliance with ord re [9-2] (pbap) [Entry date 08/07/97]
- 8/20/97 11 ORDER that Court determined that plf failed to prosecute actn; actn dism w/prej purs to loc rule 27.1 and FRCP 41(b) by Judge William D. Keller terminating case (ENT 8/21/97) mld cpys and ntc's ptys MD JS-6 (lc) [Entry date 08/21/97]

Case Flags:
TERMED
(VAPx)

END OF DOCKET: 2:97cv3647

U.S. District Court

Central District of California (Western Div.)

CIVIL DOCKET FOR CASE #: 98-CV-9470

Boris Pilch, et al v. French Hospital, et al

Filed: 11/24/98
Assigned to: Judge Christina A. Snyder
Jury demand: Defendant
Referred to: Discovery Carla M. Woehrle
Demand: \$0,000
Nature of Suit: 470
Lead Docket: None
Jurisdiction: Federal Question
Dkt# in other court: None
Cause: 18:1961 Racketeering (RICO) Act

BORIS PILCH
plaintiff

Peter J McNulty
FAX 310-472-7014
[COR LD NTC]
Rebecca K Carlson
FAX 310-472-7014
[COR LD]
Peter J McNulty Law Offices
827 Moraga Dr
Bel Air, CA 90049
310-471-2707

DR PILCH MD INC
plaintiff

Peter J McNulty
(See above)
[COR LD NTC]
Rebecca K Carlson
(See above)
[COR LD]

INTERVENTIONAL PAIN MANAGEMENT
CENTERS, a Medical Group, Inc
plaintiff

Peter J McNulty
(See above)
[COR LD NTC]
Rebecca K Carlson
(See above)
[COR LD]

v.

FRENCH HOSPITAL

Linda M Inscoe

defendant

[COR LD]
J Thomas Rosch
[COR LD]
Michael A Velthoen
[COR LD NTC]

Latham & Watkins
505 Montgomery St, Ste 1900
San Francisco, CA 94111-2562
415-391-0600

PERMAIN HEALTH CARE, INC.
defendant

Linda M Inscoe
(See above)
[COR LD]
J Thomas Rosch
(See above)
[COR LD]
Michael A Velthoen
(See above)
[COR LD NTC]

ARROYO GRANDE HOSPITAL
defendant

Linda M Inscoe
(See above)
[COR LD]
J Thomas Rosch
(See above)
[COR LD]
Michael A Velthoen
(See above)
[COR LD NTC]

AVISTA MED SYS INC
defendant

Linda M Inscoe
(See above)
[COR LD]
J Thomas Rosch
(See above)
[COR LD]
Michael A Velthoen
(See above)
[COR LD NTC]

PRIMUS MGT SVCS LLC
defendant

Linda M Inscoe
(See above)
[COR LD]
J Thomas Rosch
(See above)
[COR LD]
Michael A Velthoen
(See above)
[COR LD NTC]

CENTRAL COAST SURGERY CENTER
defendant

Linda M Inscoe
(See above)
[COR LD]
J Thomas Rosch

(See above)
[COR LD]
Michael A Velthoen
(See above)

[COR LD NTC]

JAMES YOUREE
defendant

Linda M Inscoe
(See above)
[COR LD]
J Thomas Rosch
(See above)
[COR LD]
Michael A Velthoen
(See above)
[COR LD NTC]

SCOTT GROSS
defendant

Linda M Inscoe
(See above)
[COR LD]
J Thomas Rosch
(See above)
[COR LD]
Michael A Velthoen
(See above)
[COR LD NTC]

GAIL GASCHO
defendant

Linda M Inscoe
(See above)
[COR LD]
J Thomas Rosch
(See above)
[COR LD]
Michael A Velthoen
(See above)
[COR LD NTC]

LARRY BALDWIN
defendant

Linda M Inscoe
(See above)
[COR LD]
J Thomas Rosch
(See above)
[COR LD]
Michael A Velthoen
(See above)
[COR LD NTC]

JAMES SKOW
defendant

Linda M Inscoe
(See above)
[COR LD]
J Thomas Rosch
(See above)
[COR LD]
Michael A Velthoen
(See above)
[COR LD NTC]

BRENDAN MC ADAMS
defendant

Linda M Inscoe
(See above)
[COR LD]
J Thomas Rosch
(See above)
[COR LD]
Michael A Velthoen

(See above)
[COR LD NTC]

GEORGE WARD
defendant
[term 06/30/00]

D Tyler Tharpe
[term 06/30/00]
[COR LD NTC]
Jon Wallace Upton
[term 06/30/00]
[COR]
Kimble MacMichael & Upton
5260 N Palm Ave, Ste 221
P O Box 9489
Fresno, CA 93792-9489
559-435-5500

THERESA BRECHNER
defendant
[term 06/30/00]

Darrell A Forgey
[term 06/30/00]
FAX 213-388-1592
[COR LD NTC]
John Aitelli
[term 06/30/00]
FAX 213-388-1592
[COR LD NTC]
Hillsinger & Costanzo
3055 Wilshire Blvd
12th Fl
Los Angeles, CA 90010-1161
213-388-9441

Barry L Goldner
[term 03/22/99]
[COR]
Barry E Rosenberg
[term 06/30/00]
[COR LD NTC]
Klein DeNatale Goldner Cooper
Rosenlieb & Kimball

4550 California Ave
2nd Floor
Bakersfield, CA 93308
805-395-1000

PETER LEESON
defendant

Linda M Inscoe
(See above)
[COR LD]
J Thomas Rosch
(See above)
[COR LD]
Michael A Velthoen
(See above)
[COR LD NTC]

CENTRAL COAST ANESTHESIA GROUP
defendant
[term 06/30/00]

D Tyler Tharpe
[term 06/30/00]
(See above)
[COR LD NTC]
Jon Wallace Upton
[term 06/30/00]
(See above)

[COR]

BRENT BAHARIE
defendant
[term 08/10/00]

D Tyler Tharpe
[term 08/10/00]
(See above)
[COR LD NTC]
Jon Wallace Upton
[term 08/10/00]
(See above)
[COR]

ROBERT HETZEL
defendant
[term 06/30/00]

D Tyler Tharpe
[term 06/30/00]
(See above)
[COR LD NTC]
Jon Wallace Upton
[term 06/30/00]
(See above)
[COR]

ANTONY SHEPLAY
defendant
[term 06/30/00]

D Tyler Tharpe
[term 06/30/00]
(See above)
[COR LD NTC]
Jon Wallace Upton
[term 06/30/00]
(See above)

[COR]

CUESTA ANESTHESIA GROUP
defendant
[term 06/30/00]

D Tyler Tharpe
[term 06/30/00]
(See above)
[COR LD NTC]
Jon Wallace Upton
[term 06/30/00]
(See above)
[COR]

SUNDARAMPILLAI JEYANANDARAJAN
defendant
[term 06/30/00]

D Tyler Tharpe
[term 06/30/00]
(See above)
[COR LD NTC]
Jon Wallace Upton
[term 06/30/00]
(See above)
[COR]

PAUL MCKEE
defendant
[term 06/30/00]

D Tyler Tharpe
[term 06/30/00]
(See above)
[COR LD NTC]
Jon Wallace Upton
[term 06/30/00]
(See above)
[COR]

SCOTT SMELTSER
defendant
[term 06/30/00]

D Tyler Tharpe
[term 06/30/00]
(See above)

[COR LD NTC]
Jon Wallace Upton
[term 06/30/00]
(See above)
[COR]

JULIE NAKO/SMELTSE
defendant
[term 06/30/00]

D Tyler Tharpe
[term 06/30/00]
(See above)
[COR LD NTC]
Jon Wallace Upton
[term 06/30/00]
(See above)
[COR]

COASTAL ANESTHESIOLOGY MEDICAL

D Tyler Tharpe

ASSOCIATES
defendant
[term 06/30/00]

[term 06/30/00]
(See above)
[COR LD NTC]
Jon Wallace Upton
[term 06/30/00]
(See above)
[COR]

BORIS PILCH; DR PILCH MD INC; INTERVENTIONAL PAIN MANAGEMENT
CENTERS, a Medical Group, Inc

plaintiff

v.

FRENCH HOSPITAL; PERMAIN HEALTH CARE, INC.; ARROYO GRANDE
HOSPITAL; AVISTA MED SYS INC; PRIMUS MGT SVCS LLC; CENTRAL
COAST SURGERY CENTER; JAMES YOUREE; SCOTT GROSS; GAIL
GASCHO; LARRY BALDWIN; JAMES SKOW; BRENDAN MC ADAMS; GEORGE
WARD; THERESA BRECHNER; PETER LEESON; CENTRAL COAST
ANESTHESIA GROUP; BRENT BAHARIE; ROBERT HETZEL; ANTONY
SHEPLAY; CUESTA ANESTHESIA GROUP; SUNDARAMPILLAI
JEYANANDARAJAN; PAUL MCKEE; SCOTT SMELTSE
NAKO/SMELTSE; COASTAL ANESTHESIOLOGY MEDICAL ASSOCIATES

defendant

DOCKET PROCEEDINGS

DATE #

DOCKET ENTRY

11/24/98 1 COMPLAINT filed Summons(es) issued Twenty (20) days referred to Discovery Carla M. Woehrle; jury demand (jp) [Entry date 11/25/98]

12/9/98 2 FIRST AMENDED COMPLAINT [1-1] by plaintiff; jury demand. Summons issued (lk) [Entry date 12/11/98]

12/11/98 3 ATTACHMENT (Exhibit A) to amended complaint [2-1] (lc) [Entry date 12/14/98]

12/28/98 4 Proof of service of sms and A/C executed upon defendant Paul McKee MD personally on 12/16/98 (lc) [Entry date 12/29/98]

12/28/98 5 Proof of service of ssm and A/C executed upon defendant Permian Health Care by srv Kelly DiChristofano, agent auth to accept personally on 12/18/98 (lc) [Entry date 12/29/98]

12/28/98 6 Proof of service of sms and A/C executed upon deft French Hospital by srv Gail Gascho, agent for srv by lv w/ Peggy Teters, exec asst personally on 12/15/98 (lc) [Entry date 12/29/98]

12/28/98 7 Proof of service of s/c executed upon defendant Coastal Anesthsiology Medical Associates by srv Carlyn Christianson, practice Mgr personally on 12/15/98 (lc) [Entry date 12/29/98]

12/28/98 8 Proof of service of sms and A/C executed upon defendant Primus Mgt Svcs LLC by srv Dan Finnane, Pres, personally on 12/16/98 (lc) [Entry date 12/29/98]

12/28/98 9 Proof of service of sms and A/C executed upon defendant Theresa Brechner personally on 12/17/98 (lc) [Entry date 12/29/98]

12/28/98 10 Proof of service of sms and A/C executed upon deft Central Coast Anesthesia by srv Kristin Anderson, billing clerk personally on 12/16/98 (lc) [Entry date 12/29/98]

12/28/98 11 Proof of service of s/c executed upon defendant Arroyo Grande Hospital by srv Richard Woolslayer, agent for srv personally on 12/16/98 (lc) [Entry date 12/29/98]

12/28/98 12 Proof of service of sms and A/C executed on Scripps clinic Medical Group Inc by srv Joanne McPheters administrative coordinator personally 12/14/98 (signature on proof is photocopy of a signature stamp) (lc) [Entry date 12/29/98] [Edit date 12/29/98]

12/28/98 13 Proof of service of sms and A/C executed upon defendant Gail Gascho personally on 12/16/98 (lc) [Entry date 12/29/98]

12/28/98 14 Proof of service of sms and A/C executed upon defendant Larry Baldwin MD by srv Gillian Wilson, officer mgr, personally and by mail on 12/17/98 (lc) [Entry date 12/29/98]

12/28/98 15 Proof of service of sms and A/C executed upon defendant

Scott Gross by srv Dan Finnane, Pres, personally on 12/16/98
(lc) [Entry date 12/29/98] [Edit date 12/29/98]

- 12/28/98 16 Proof of service of sms and A/C executed upon defendant Julie Nako/Smeltser personally on 12/16/98 (lc) [Entry date 12/29/98]
- 12/28/98 17 Proof of service of sms and A/C executed upon defendant Central Coast Surgery Center by srv Gail Gascho, agent for srv personally on 12/16/98 (lc) [Entry date 12/29/98]
- 12/28/98 18 Proof of service of sms and A/C executed upon defendant Scott Smeltser personally on 12/16/98 (lc) [Entry date 12/29/98]
- 1/4/99 19 Proof of service of sms/1st A/cmp, ntc to cnsl, etc executed upon defendant Cuesta Anesthesia Group on 12/18/98 by serving Scott Smelser, agent for svc by leaving copies with Julie Smelser/wife and svc by mail on 12/21/98; decl of dilig. (lk) [Entry date 01/05/99]
- 1/4/99 20 Proof of service of sms/1st A/C, ntc to cnsl, etc executed upon defendant James Youree on 12/17/98 by serving Dana Youree, daughter by pers svc and svc by mail on 12/18/98; decl of dilig. (lk) [Entry date 01/05/99]
- 1/4/99 21 Proof of service of sms/1st A/C, ntc to cnsl, etc executed upon defendant George Ward on 12/18/98 by personal service. (lk) [Entry date 01/05/99]
- 1/4/99 22 Proof of svc of sms/1st A/C, ntc to cnsl, etc executed upon defendant James Skow on 12/18/98 by serving Mrs Skow, wife by pers svc; and svc by mail on 12/22/98; decl of dilig. (lk) [Entry date 01/05/99]
- 1/4/99 23 Proof of svc ov sms/1st A/C, ntc to cnsl, etc executed upon defendant Antony Sheplay MD on 12/21/98 by serving Pat Sheckley, person apparently in chg, and svc by mail on 12/21/98; decl of dilig. (lk) [Entry date 01/05/99]
- 1/4/99 24 Proof of svc of sms/1st A/C, ntc to cnsl, etc executed upon defendant Brendan Mc Adams MD on 12/18/98 by personal service. (lk) [Entry date 01/05/99]
- 1/4/99 25 Proof of service of sms/1st A/C, ntc to cnsl, etc executed upon defendant Peter Leeson on 12/18/98 by pers svc. (lk) [Entry date 01/05/99]
- 1/4/99 26 Proof of service of sms/1st A/C, ntc to cnsl, civil cover sheet, etc executed upon defendant Sundarampillai Jeyanandarajan MD on 12/18/98 by serving John Doe, occupant by pers svc, prf by mail on 12/21/98 and decl of diligence. (lk) [Entry date 01/05/99]
- 1/4/99 27 Proof of svc of sms/1st A/C, ntc to cnsl, etc executed upon defendant Robert Hetzel MD on 12/18/98 by serving Sandy Hetzel, wife, by pers svc, svc by mail on 12/21/98; decl of dilig. (lk) [Entry date 01/05/99]
- 1/4/99 28 Proof of service of sms/1st A/C, ntc to cnsl, etc executed

upon defendant Brent Baharie on 12/18/98 by personal service. (lk) [Entry date 01/05/99]

- 1/4/99 29 STIPULATION filed that each dft, shall have to and includ 1/29/99 to file plead in resp to 1st A/C re amended complaint [2-1] (lk) [Entry date 01/06/99]
- 1/6/99 30 ANSWER filed by defendant Theresa Brechner to amended complaint [2-1]; jury demand (lk) [Entry date 01/07/99]
- 1/6/99 31 ORDER by Judge A. A. Hauk that the answeringdfts, and each of them shall have to and includ 1/29/99 to file plead in resp to 1st A/C. (lk) [Entry date 01/08/99]
- 1/6/99 32 STIPULATION filed extending time to resp to initial cmp re complaint [1-1] (lk) [Entry date 01/08/99]
- 1/22/99 33 STIPULATION and ORDER by Judge A. A. Hauk that dfts George Ward and Antony Sheplay are granted an ext of ti in whi to resp to 1st A/C of up to and including January 22, 1999. (lk) [Entry date 01/25/99]
- 1/25/99 34 STIPULATION filed ext ti to dfts George Ward and Antony Sheplay andeach of them, shall have to and including 1/29/99 to file resp to re amended complaint [2-1] (lk) [Entry date 01/28/99]
- 1/27/99 35 ORDER by Judge A. A. Hauk that dfts George Ward and Antony Sheplay, shall have to and includ 1/29/99 to file plead in resp to 1st Amd Cmp and demand for Jury trial; approving stipulation [34-1] (lk) [Entry date 01/28/99]
- 1/29/99 36 ANSWER filed by Coastal Anesthsiolog, Julie Nako/Smeltser, Scott Smeltser, Paul McKee, Sundarampillai Jeyanandarajan, Cuesta Anesthesia, Antony Sheplay, Robert Hetzel, Brent Baharie, Cen Coast Anesthesia, George Ward to amended complaint [2-1]; jury demand (lk) [Entry date 02/01/99]
- 2/4/99 37 STIPULATION and ORDER by Judge A. A. Hauk ext time to dfts French Hospital Med Ctr, Permian Health Care Inc, Arroyo Grande Hosp, Vista Med Systems, Inc, Primus Management Svc LLC, Central Coastal Surg center, Scott Gross, Gail Gascho, James Youree, Larry Baldwin, James Skow, Brendan McAdams and Peter Leeson shall have to and includ 2/23/99 to resp to 1st Amd Cmp. (lk) [Entry date 02/04/99]
- 2/23/99 38 NOTICE OF MOTION AND MOTION by defendants to dismiss plfs' first A/C for failure to state a clm ; motion hearing set for 10:00 4/12/99 (tw) [Entry date 02/25/99]
- 2/23/99 39 REQUEST by defendant for judicial notice re motion to dismiss plfs' first A/C for failure to state a clm [38-1]; Exh A-C (tw) [Entry date 02/25/99]
- 3/9/99 40 ORDER OF THE CHIEF JUDGE approved by Judge Terry J. Hatter w/the concurrence of the Case Mgt & Assignment Committee, this case is transferred from the calendar of Judge A. A. Hauk to the calendar of Judge Christina A. Snyder for all further proceedings. The new case number will now read as 2:98-cv-9470 CAS (CWx) (cc: all counsel) (jj)

[Entry date 03/15/99]

3/15/99 41 MINUTES: The actn has been transf to calendar of USD Judge Christina A Snyder. It is nec that all papers, reflect the proper case No CV 98-9470 CAS(CWx) by Judge Christina A. Snyder CR: none (lk) [Entry date 03/15/99]

3/15/99 44 COURT'S NOTICE TO COUNSEL (lc) [Entry date 03/23/99]

3/16/99 45 MINUTES: Cnsl adv actn assigned to Judge Snyder; mandatory status conference set on 1:30 5/24/99 by Judge Christina A. Snyder CR: none (lc) [Entry date 03/23/99]

3/17/99 43 STIPULATION and ORDER by Judge Christina A. Snyder cont hearing on motion to dismiss plfs' first A/C for failure to state a clm [38-1] 10:00 5/10/99 (lc) [Entry date 03/23/99]

3/22/99 42 ATTORNEY SUBSTITUTION: terminating attorney Barry L Goldner for Theresa Brechner by defendant Theresa Brechner and substituting attorney Darrell A Forgey by Judge Christina A. Snyder (el) [Entry date 03/23/99]

4/23/99 46 OPPOSITION by plaintiff to motion to dismiss plfs' first A/C for failure to state a clm [38-1]; Mem of PA (el) [Entry date 04/29/99]

5/3/99 47 REPLY memo by defendants in suppt of motion to dismiss plfs' first A/C for failure to state a clm [38-1] (dhl) [Entry date 05/06/99]

5/10/99 48 MINUTES: Order that dfts' motion to dismiss plfs' first A/C for failure to state a clm [38-1], is GRANTED w/lv to amend. Plf shl file a 2nd A/C within 20 days of the date of this order, curing the defects noted herein by Judge Christina A. CR: Carmelita Lee (el) [Entry date 05/11/99]

5/19/99 49 MINUTES: ; mandatory status conference reset on 1:30 7/19/99 by Judge Christina A. Snyder CR: Not reported (el) [Entry date 05/21/99]

5/28/99 50 SECOND AMENDED COMPLAINT [1-1] by plaintiff Interventional Pain, plaintiff Dr Pilch MD Inc, plaintiff Boris Pilch; jury trial demand. (bg) [Entry date 06/01/99]

6/10/99 51 ANSWER filed by dfts George Ward, Cen Coast Anesthesia, Brent Baharie, Coastal Anesthsiolog, Julie Nako/Smeltser, Scott Smeltser, Paul McKee, Sundarampillai Jeyanandarajan, Cuesta Anesthesia, Antony Sheplay, Robert Hetzel to Second amended complaint [50-1]; jury demand (el) [Entry date 06/11/99]

6/10/99 52 RECEIPT OF TRANSCRIPT of proceedings for the following date(s): 5/10/99 (Re:) CR: Carmelita E. Lee (ghap) [Entry date 06/14/99]

6/10/99 -- TRANSCRIPT filed for proceedings held on 5/10/99 (ghap) [Entry date 06/14/99]

6/16/99 53 NOTICE OF MOTION AND MOTION by dfts Peter Leeson, Brendan Mc Adams, James Skow, Larry Baldwin, Scott Gross, James

Cent Coast Surgery, Primus Mgt Svcs LLC, Avista Med Sys Inc, Arroyo Grande Hosp, Permian Health Care, French Hospital to dismiss 2nd Amd Cmp for fail to state a claim FRCP 12(b)(6); 9(B) ; motion hearing set for 10:00 7/19/99 Lodged Order (lk) [Entry date 06/17/99]

- 6/16/99 54 JOINDER by defendant Theresa Brechner in motion to dismiss 2nd Amd Cmp for fail to state a claim [53-1] (yc) [Entry date 06/21/99]
- 7/2/99 55 OPPOSITION by plaintiffs to motion to dismiss 2nd Amd Cmp for fail to state a claim [53-1] (lk) [Entry date 07/07/99]
- 7/12/99 56 REPLY memo by dfts Peter Leeson, Brendan Mc Adams, James Skow, Larry Baldwin, Gail Gascho, Scott Gross, James Youree, Cent Coast Surgery, Primus Mgt Svcs LLC, Avista Med Sys Inc, Arroyo Grande Hosp, Permian Health Care, French Hospital in support of motion to dismiss 2nd Amd Cmp for fail to state a claim [53-1] (lk) [Entry date 07/13/99]
- 7/19/99 57 MINUTES: the Crt hereby grants the hospital dfts' motion to dismiss 2nd Amd Cmp for fail to state a claim [53-1], with leave to amend, for the reasons set forth in the 5/10/99 order. Plfs shl hve 20 days frm the date of this order to fi a 3rd A/C, curing the defects notedby this Crt ; mandatory status conference set on 1:30 9/13/99 by Judge Christina A. Snyder CR: Lupe Durazo (el) [Entry date 07/21/99]
- 8/9/99 59 THIRD AMENDED COMPLAINT [50-1] by plfs Boris Pilch, Dr Pilch MD Inc, Interventional Pain; jury demand. Summons not issd (el) [Entry date 08/12/99]
- 8/10/99 58 NOTICE to interested parties (see list of parties) by plaintiffs (el) [Entry date 08/12/99]
- 8/23/99 60 ANSWER filed by dfts George Ward, Coastal Anesthsiolog, Julie Nako/Smeltser, Scott Smeltser, Paul McKee, Sundarampillai Jeyanandarajan, Cuesta Anesthesia, Antony Sheplay, Robert Hetzel, Brent Baharie, Cen Coast Anesthesia to THIRD amended complaint [59-1]; jury demand (el) [Entry date 08/25/99]
- 8/26/99 62 NOTICE OF MOTION AND MOTION by dfts French Hospital, Peter Leeson, Brendan Mc Adams, James Skow, Larry Baldwin, Gail Gascho, Scott Gross, James Youree, Cent Coast Surgery, Primus Mgt Svcs LLC, Avista Med Sys Inc, Arroyo Grande Hosp, Permian Health Care to dismiss 3rd A/C ; motion hearing set for 10:00 9/27/99; Mem of PA in suppt (el) [Entry date 09/03/99]
- 8/26/99 63 JOINDER by defendant Theresa Brechner joining motion to dismiss 3rd A/C [62-1] (el) [Entry date 09/03/99]
- 9/1/99 61 NOTICE of interested parties by dfts Coastal Anesthsiolog, Julie Nako/Smeltser, Scott Smeltser, Paul McKee, Sundarampillai Jeyanandarajan, Cuesta Anesthesia, Antony Sheplay, Robert Hetzel, Brent Baharie, Cen Coast Anesthesia, George Ward (el) [Entry date 09/02/99]

9/13/99 64 OPPOSITION by plaintiffs to motion to dismiss 3rd A/C [62-1] (jpb) [Entry date 09/14/99]

9/13/99 65 OPPOSITION by plaintiffs to dft joinder to motion to dismiss 3rd A/C [62-1] (jpb) [Entry date 09/14/99]

9/16/99 66 MINUTES: Order & Notice of Continued hearing on motion to dismiss 3rd A/C [62-1] 10:00 11/1/99 by Judge Christina A. Snyder CR: Not reported (el) [Entry date 09/17/99]

9/16/99 67 REPLY by defendant Theresa Brechner to oppo to joinder to motion to dismiss 3rd A/C [62-1] (el) [Entry date 09/20/99]

9/20/99 68 REPLY MEMORANDUM by defendants in support of motion to dismiss 3rd A/C [62-1] (el) [Entry date 09/21/99]

9/21/99 69 STIPULATION and ORDER by Judge Christina A. Snyder moving date ofstat conf ; mandatory status conference reset on 1:30 10/18/99 (el) [Entry date 09/22/99]

10/5/99 70 MINUTES: Order and Ntc re ; mandatory status conference continued on 10:00 11/22/99 in Crtroom 5 by Judge Christina A. Snyder CR: Not reported (el) [Entry date 10/06/99]

11/1/99 71 MINUTES: ORDER GRANT in part DENY in part dfts' motion to dismiss 3rd A/C [62-1] Dfts shl have 20 days from the date of this order to fi their ans to plf's 3rd A/C by Judge Christina A. Snyder CR: John Turman (ENT 11/8/99) mld cpys & ntc (el) [Entry date 11/08/99]

11/19/99 72 ANSWER filed by defendant Theresa Brechner MD to Third amended complaint [59-1]; jury demand (el) [Entry date 11/22/99]

11/22/99 74 ANSWER filed by dfts French Hospital, Arroyo Grande Hosp, Cent Coast Surgery, Brendan Mc Adams, James Skow, Larry Baldwin, Gail Gascho, James Youree and Peter Leeson to THIRD amended complaint [59-1] (el) [Entry date 11/30/99]

11/29/99 73 NOTICE OF DISCREPANCY AND ORDER by Judge Christina A. Snyder that the ans to 3rd A/C rcvd on 11/22/99 is Ordered fld/processed (el) [Entry date 11/30/99]

11/29/99 75 NOTICE of interested parties by dfts French Hospital, Arroyo Grande Hosp, Brendan Mc Adams, James Skow, Larry Baldwin, Gail Gascho, James Cent Coast Surgery and Peter Leeson (el) [Entry date 11/30/99]

11/29/99 76 STIPULATION and ORDER CONTINUING by Judge Christina A. Snyder ; mandatory status conference set on 1:30 1/24/00 (bp) [Entry date 11/30/99]

12/7/99 77 NOTICE of interested parties by defendant Theresa Brechner (el) [Entry date 12/08/99]

1/12/00 78 NOTICE OF MOTION AND MOTION by defendants' Brendan Mc Adams, James Skow, Larry Baldwin, Gail Gascho, James Youree, Cent Coast Surgery, Arroyo Grande Hosp, & French Hospital for summary judgment; motion hearing set for

10:00 2/7/00 Lodged prospd ord & stmt of UFCL (bp)
[Entry date 01/14/00]

- 1/12/00 79 REQUEST by defendant French Hospital for judicial notice re motion for summary judgment [78-1] (bp)
[Entry date 01/14/00]
- 1/19/00 80 JOINT REPORT OF EARLY MEETING OF COUNSEL filed. Estimated length of trial 10 days (el) [Entry date 01/20/00]
- 1/21/00 81 RECEIPT OF TRANSCRIPT of proceedings for the following date(s): 5/10/99 (Re:) CR: Carmelita Lee (ghap)
[Entry date 01/24/00]
- 1/21/00 -- TRANSCRIPT filed for proceedings held on 5/10/99 (ghap)
[Entry date 01/24/00]
- 1/24/00 83 MINUTES: discovery ddl set on 11/1/00; mandatory status conference held; mot cut-off 12/18/00; pretrial conference on 1:30 1/15/01; telephone conference set on 12:00 5/3/00; jury trial set on 9:30 2/27/01 7-10 days est by Judge Christina A. Snyder CR: John Turman (bp)
[Entry date 02/03/00]
- 2/1/00 82 STIPULATION and ORDER by Judge Christina A. Snyder; nlt 2/8/00, pla's will srv upon Hospital dfts any requests for discov that pla's can demonstrate are essential for pla's to resp to the issues & arguments raised in the Hospital dfts' mot for sumjgm; nlt 3/7/00, Hospital dfts will resp to pla's limited discov requests; nlt 3/27/00, pla's will fl their opp to dfts' mot for sumjgm; nlt 4/3/00, Hospital dfts will fl a reply to pla's opposing papers. continuing hearing on motion for summary judgment [78-1] 10:00 4/10/00 (bp) [Entry date 02/02/00]
- 3/27/00 84 OPPOSITION by plaintiffs to motion for summary judgment [78-1]; Mem of PA; Decl of Lisa Simonson Maiuro PhD; Decl of Boris Pilch (el) [Entry date 03/28/00]
- 3/27/00 85 STATEMENT Genuine Issue in oppo by plaintiffs re motion for summary judgment [78-1] (el) [Entry date 03/28/00]
- 3/27/00 86 OBJECTIONS by plaintiffs to dfts' request for judicial ntc [79-1]; Mem of PA (el) [Entry date 03/28/00]
- 4/3/00 87 REPLY Brief by defendants' French Hospital, arroyo Grande Hostpital, Central Coast Surgery Center, Gale Gasho, James Youree, Larry Baldwin, James Skown, Brendan McAdams & Peter Leeson in suppt of motion for summary judgment [78-1] (bp)
[Entry date 04/04/00]
- 4/6/00 88 DECLARATION of Rita A Hao in suppt by the Hospital defendants' re motion for summary judgment [78-1] (el)
[Entry date 04/06/00]
- 4/10/00 91 MINUTES: that the motion for summary judgment [78-1] is submitted by Judge Christina A. Snyder CR: John Turman (el) [Entry date 05/15/00]
- 4/28/00 89 ORDER by Judge Christina A. Snyder that dfts' motion for

summary judgment [78-1] on plf's first and second claims for relief is granted. Plf's suppl state law clms are dismissed without prejudice. (ENT 5/1/2000) send/ntcd (el) [Entry date 05/01/00]

- 4/28/00 90 JUDGMENT AND ORDER: by Judge Christina A. Snyder that dfts' shl have jgm against plfs Boris Pilch, Dr Pilch MD Inc, Interventional Pain on the first and second clms for relief for violations of the Sherman Act, 15 U.S.C. 1 and 2 and plfs shl take nothing by the cmp on the 1st and 2nd clms for relief; plfs' state law clms are dismissed without prejudice. terminating case (MD JS-6) (ENT 5/1/2000) send/ntcd (el) [Entry date 05/01/00]
- 5/16/00 92 NTC OF APPL TO THE CLERK AND BILL OF COSTS RETURNABLE submitted by defendants French Hospital, et al re [90-2] ; bill of cost hearing set on 10:00 6/5/00 (el) [Entry date 05/18/00]
- 5/17/00 93 NOTICE OF DISCREPANCY by Mr Richard Janisch, Manager that the Bill of costs (no appl submitted) is Not to be fld, but instead Rejected and returned to cnsl (el) [Entry date 05/18/00]
- 5/30/00 94 MINUTES: ORDER to show cause, NLT 20 days frm the date of this order, why the Crt shd not grant sum jgm on plfs' clms for relief agnst the remaining dfts; for reasons set forth in the Crt's ord granting sum jgm in favor of the hosp dfts by Judge Christina A. Snyder CR: None Present (el) [Entry date 06/01/00]
- 6/5/00 -- COSTS taxed for defendants French Hospital et al in the amount of \$ 3,839.00 against plaintiffs Pilch, et al (el) [Entry date 06/07/00]
- 6/26/00 -- LODGED/PROPOSED ORDER submitted by plaintiff re dismsl w/o prej .(FWD TO CRD) (el) [Entry date 06/27/00]
- 6/26/00 95 DECL of Daniel S Glaser in RESPONSE to OSC by plfs Interventional Pain, Dr Pilch MD Inc, Boris Pilch re Scheduling order ORDER to show cause, NLT 20 days frm the date of this order, why the Crt shd not grant sum jgm on plfs' clms for relief agnst the remaining dfts (el) [Entry date 06/27/00]
- 6/30/00 96 MINUTES: ORDER in chambers that at the reqst of plfs pur to FRCP 41(a)(2) vacating Scheduling order ORDER to show cause, the Crt orders that plfs' case be dismissed w/o prej. as to the remaining dfts [94-1] terminating party George Ward, party Theresa Brechner, party Cen Coast Anesthesia, party Robert Hetzel, party Antony Sheplay, party Cuesta Anesthesia, party Sundarampillai Jeyanandarajan, party Paul McKee, party Smeltser, party Julie Nako/Smeltser, party Coastal Anesthsiolog by Judge Christina A. Snyder CR: None (ENT 7/3/2000) send/ntcd Present (el) [Entry date 07/03/00]
- 8/3/00 99 LETTER from plaintiff Boris Pilch requesting that dft Brent Baharie be dismsd from the case. (bp) [Entry date 08/18/00]

8/10/00 97 MINUTES: In chambers: dft Brent Baharie was inadvertently omitted frm the Crt's 7/3/00 MO dismissing this cs as to all remaining dfts. At the rqst of plfs, the Crt orders that plfs' case be dismissing w/o prej. as to dft Brent Baharie. It is so ORDERED terminating party Brent Baharie by Judge Christina A. Snyder CR: None Present (ENT 8/11/2000) send/ntcd (el) [Entry date 08/11/00]

8/11/00 100 NOTICE OF CHANGE Of Firm Name filed by atty John Aitelli for defendant Theresa Brechner, Darrell A Forgey for defendant Theresa Brechner (bp) [Entry date 08/22/00]

8/15/00 98 NOTICE OF DISCREPANCY AND ORDER by Judge Christina A. Snyder that the document, ltr is to be fld & processed. (bp) [Entry date 08/18/00]

Case Flags:
 TERMED
 (CWx)

END OF DOCKET: 2:98cv9470

PACER Service Center			
Transaction Receipt			
12/16/2002 11:10:32			
PACER Login:	mc0019	Client Code:	uccchi
Description:	docket report	Search Criteria:	2:98cv09470
Billable Pages:	18	Cost:	1.26

CT CORPORATION SYSTEM

Search Report

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza
Chicago, IL 60611-3608

Subject: French Hospital Medical Center

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: California

Search Type: UCC Liens - Secretary of State

Searched: 5 Years

Searched Through: 12/03/02

Synopsis: Original Financing Statement(s) : 21

Assignment(s) : 3

Termination(s) : 1

See listing for additional information

Copies : 1

Search Type: State Tax Liens - Secretary of State

Searched: 10 Years

Searched Through: 12/03/02

Synopsis: No Records Found

Search Type: Judgment Liens - Secretary of State

Searched: 5 Years

Searched Through: 12/03/02

Synopsis: No Records Found

Search Type: Federal Tax Liens - Secretary of State

Searched: 10 Years

Searched Through: 12/03/02

Synopsis: Federal Tax Lien(s) : 1

Termination(s) : 1

See listing for additional information

Copies : 2

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
Fax: (888) 829-5819

This report contains information compiled from sources which CT Corporation System considers reliable, but does not control. Information provided is non-certified unless otherwise indicated. CT in no way undertakes or assumes any part of the customer's business, legal or similar risks, and does not guarantee the accuracy, completion, or timeliness of the information provided, and shall not be liable for any losses or injuries whatever resulting from any contingency beyond its control, or from negligence, regardless of the cause. The categorization of filings is provided for the convenience of the customer and is not to be construed as a legal opinion concerning the status of the filings.

Signed _____

98133C0492

RECORDING REQUESTED BY:

Internal Revenue Service

WHEN RECORDED RETURN TO:

Internal Revenue Service

5104 N Blythe St. Ste 102, Stop FR-5530
Fresno CA 93722-6429



FILED
SACRAMENTO, CA
MAY 12 1998 AT 0800

BILL JONES
SECRETARY OF STATE

This Space Reserved for Recorder Only

Department of Treasury - Internal Revenue Service

Form 668(Z)

Rev. April 1984

1681

Certificate of Release of Federal Tax Lien

District

CENTRAL CALIFORNIA

Serial Number

779319649

I Certify that as to the following-named taxpayer, the requirements of section 6325 (a) of the Internal Revenue Code have been satisfied for the taxes listed below and for all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of internal revenue tax lien was filed on July 29 1998 is authorized to note the books to show the release of this lien for these taxes and additions.

Name of Taxpayer FRENCH HOSPITAL MEDICAL CENTER
a Corporation

Residence 1911 JOHNSON AVE
SAN LUIS OBISPO, CA 93401-4131

COURT RECORDING INFORMATION:

Liber Page UCC No. Serial No.
n/a n/a 93154896 n/a

Kind of Tax (a)	Tax Period Ended (b)	Identifying Number (c)	Date of Assessment (d)	Last Day of Refiling (e)	Unpaid Balance of Assessment (f)
941	03/31/1988	77-0106277	02/24/1992	03/26/2002	58869.72
941	06/30/1988	77-0106277	02/24/1992	03/26/2002	57489.57
941	09/30/1988	77-0106277	02/24/1992	03/26/2002	56083.56
941	12/31/1988	77-0106277	02/24/1992	03/26/2002	54625.57
940	12/31/1988	77-0106277	01/29/1992	02/28/2002	335669.44

Place of Filing

SECRETARY OF STATE
SACRAMENTO, CA 95808

Total

\$

562737.86

This certificate was prepared and signed at San Jose, CA, on the

05th day of May, 1998

Signature

Title

TECHNICAL SECT.

NOTICE: Signature of taxpayer to take acknowledgment is not essential to validity of Certification of Release of Federal Tax Lien
Rev. Rul 1971 - 2 C. B. 4091

Form 668 (Y)
(Rev. January 1981)

181

Department of the Treasury - Internal Revenue Service

Notice of Federal Tax Lien Under Internal Revenue Laws

District San Jose, CA	Serial Number 779319649	For Optional Use by Recording Office
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As provided by sections 6321, 6322, and 6323 of the Internal Revenue Code, notice is given that taxes (including interest and penalties) have been assessed against the following-named taxpayer. Demand for payment of this liability has been made, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue.

Name of Taxpayer **FRENCH HOSPITAL MEDICAL CENTER**
a Corporation

Residence 1911 JOHNSON AVE
SAN LUIS OBISPO, CA 93401-4131

FILED
SACRAMENTO, CALIF.
1993 JUL 29 A 8:00
Marilyn Taylor
RECORDS & COMMUNICATIONS
SECRETARY OF STATE

IMPORTANT RELEASE INFORMATION: With respect to each assessment listed below, unless notice of lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a).

Kind of Tax (a)	Tax Period Ended (b)	Identifying Number (c)	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)
1 } 941	03/31/88	77-0106277	02/24/92	03/25/02	58869.72
1 } 941	06/30/88	77-0106277	02/24/92	03/25/02	57489.57
1 } 941	09/30/88	77-0106277	02/24/92	03/25/02	56083.56
1 } 941	12/31/88	77-0106277	02/24/92	03/25/02	54625.57
2 - 940	12/31/88	77-0106277	01/29/92	02/28/02	335669.44

93154896

Place of Filing SECRETARY OF STATE SACRAMENTO, CA 95808	Total \$	562737.86
---	----------	-----------

This notice was prepared and signed at San Jose, CA, on this, the 24th day of July, 19 93.

67 3-25-02

Signature -	Title Revenue Officer 77-01-2302
-------------	--

CT CORPORATION SYSTEM

Search Report

Date: 12/24/02

Customer: Cheryl Miller
Foley & Lardner
330 No. Wabash Ave.
One IBM Plaza
Chicago, IL 60611-3608

Subject: French Hospital Medical Center

CT Order#: 5745882 SO

Customer Reference #1: 070127

Customer Reference #2: 0107

Jurisdiction: U.S. Bankruptcy Court, California Central District

Search Type: Bankruptcy Search

Searched: N/A

Searched Through: 12/11/02

Synopsis: No Records Found

CT CORPORATION SYSTEM
Chicago UCC Service Center
208 South LaSalle Street
Chicago, IL 60604
Phone: (312) 263-1414
Fax: (888) 829-5819

This report contains information compiled from sources which CT Corporation System considers reliable, but does not control. Information provided is non-certified unless otherwise indicated. CT in no way undertakes or assumes any part of the customer's business, legal or similar risks, and does not guarantee the accuracy, completion, or timeliness of the information provided, and shall not be liable for any losses or injuries whatever resulting from any contingency beyond its control, or from negligence, regardless of the cause. The categorization of filings is provided for the convenience of the customer and is not to be construed as a legal opinion concerning the status of the filings.

Signed _____

SCHEDULE 5.5

THIRD PARTY CONSENTS

Please refer to Schedule 1.1 (e) contract schedules.

SCHEDULE 5.6

GOVERNMENTAL CONSENTS

Attorney General of the State of California

Federal Trade Commission/Antitrust Division of the U.S. Justice Department

SCHEDULE 5.7

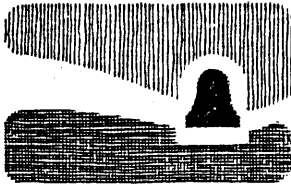
HAZARDOUS MATERIALS

Corona Regional Medical Center: There are no exceptions to report.

In 2002, mold was discovered in the building located at 202 Stan Reynolds Parkway, Corona, California. The four Seller Employees located in that building were relocated to other office locations. There is no impact on the operations of the Hospitals due to this condition.

French Hospital Medical Center: See attached correspondence, dated 12/20/99 through 12/11/02, from the City of San Luis Obispo Fire Department regarding soil contamination found under a 550-gallon underground storage tank abandoned in place at French Hospital.

To Seller's knowledge, there are no property surveys conducted by Seller.



CITY OF SAN LUIS OBISPO

FIRE DEPARTMENT

2160 Santa Barbara Avenue • San Luis Obispo, CA 93401-5240 • 805/781-7380

"Courtesy & Service"

December 11, 2002

Mr. Ken Ward, Chief Engineer
French Hospital Medical Center
1911 Johnson Avenue
San Luis Obispo, CA 93401

Re: French Hospital, 1911 Johnson Ave., San Luis Obispo. Denial of Closure Letter For Underground Storage Tank Abandoned In Place.

Dear Ken:

We have recently requested you to complete a deed notification for the Underground Storage Tank (UST) abandoned in place at the facility mentioned above. I have had the opportunity to review all of the documents associated with the soils investigations conducted 12/4/98 and 11/29-30, 1999 to determine if there had been an unauthorized release from the UST. Analytical results for the first boring directly under the UST indicate that there has been an unauthorized release of diesel fuel. A sample collected at a depth of eight feet beneath the center of the tank showed contamination with Total Petroleum Hydrocarbons for Diesel Fuel (TPH-Diesel) at a level of 4,000 parts per million. The action level for Diesel Fuel in soil is 100 parts per million as TPH-Diesel. Out of eight other soil borings only one was other than non-detect, and it was 24 parts per million – well below the action level for diesel fuel. One important omission was that the sample with significant contamination was not tested for Benzene, Toluene, Ethylbenzene, or Xylene (BTEX).

Based on these findings San Luis Obispo City Fire cannot issue a clean closure letter in association with the abandonment in place of the existing UST. We are not now requiring further investigation or characterization of the soil contamination, nor are we requiring excavation of the contaminated soil. The deed notification we are requesting must address both the soil contamination as well as the tank abandoned in place. Please complete this requirement no later than 30 days from today's date (Jan. 11, 2003). At a future date the soil contamination must be removed under permit from the Fire Department and with our oversight. Should you have any questions or wish clarification of this request please contact me at (805) 781-7383.

Sincerely,

D. Kerry Boyle
Hazardous Materials Coordinator

cc: Tom Baasch, Chief Building Official



The City of San Luis Obispo is committed to include the disabled in all of its services, programs and activities. Telecommunications Device for the Deaf (805) 781-7410.



City of San Luis Obispo Fire Department

Wolf Knabe, Fire Chief
2160 Santa Barbara Ave.
San Luis Obispo, CA 93401
Phone: (805) 781-7380
FAX: (805) 543-8019



FAX COVER SHEET

To: DAVE MATORS
FAX: 542-6381

The information contained in this FAX message is **PRIVILEGED-CONFIDENTIAL INFORMATION** intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at 2160 Santa Barbara Ave., San Luis Obispo, CA 93401. Thank you.

From: San Luis Obispo City Fire Department

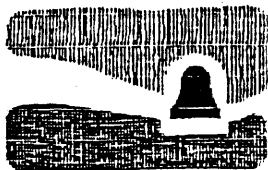
(Sender's Name) Kerry Boyle

Date: October 7, 2002

You should have received 05 pages (including this cover sheet).

If you do not receive all of the pages, or any of the pages are illegible, then please contact the sender at (805) 781-7380, or FAX (805) 543-8019.

COMMENTS: Dave: Lab results showed Diesel fuel contamination @ 4,000 parts per million, with our action level being 100 parts per million in soil. This is why we are requesting the deed notification. If at some time in the future the generator is moved & soil is cleaned up, we can rescind the deed notification. Kerry



CITY OF SAN LUIS OBISPO

FIRE DEPARTMENT
2160 Santa Barbara Avenue • San Luis Obispo, CA 93401-5240 • 805/781-7380
"Courtesy & Service"

July 2, 2001

Ken Ward
Central Coast Health Partners
French Hospital
1911 Johnson Avenue
San Luis Obispo, CA 93401

Re: 1911 Johnson Avenue, San Luis Obispo, CA
Underground Diesel Fuel Tank Closure In-Place
Deed Notification Request

Dear Mr. Ward:

Please record a deed notification with the San Luis Obispo County Recorder's office disclosing the location and circumstances of the recent abandonment in-place of the 550-gallon underground diesel fuel tank at French Hospital.

Deed notifications are commonly handled by attorneys. They require a brief description of the location and circumstances of the underground fuel tank abandonment, along with a simple map showing the location of the tank relative to the main building and to any pertinent landmarks.

Please include information such as the size of the tank, the fact that soil samples were taken below the tank and that the tank was cleaned and filled with concrete slurry. Please provide the City Fire Department with a copy of the deed notification that has been stamped by the County Recorder's office. Please call me at 805-781-7560 if you have any questions regarding this matter. Thank you.

Sincerely,

Molly Brown
Hazardous Materials Inspector



The City of San Luis Obispo is committed to include the disabled in all of its services, programs and activities. Telecommunications Device for the Deaf (805) 781-7410.



Sean McCormick
April 13, 2001
Page 2

of soap and water or hot water. A vacuum tanker truck is required to collect the rinsate for treatment or disposal at an approved off-site facility. The vacuum truck firm must be currently registered as a hazardous waste hauler and the rinsate must be transported under manifest to an approved facility. A copy of the manifest will be provided to City Fire.

The City Fire inspector will visually inspect the adequacy of the tank cleaning. The contractor will use a functional, recently calibrated gas detector on-site capable of reading the lower explosive limit (LEL) and oxygen level percentage. The inspector will verify that explosive vapors have been purged from the tank. The tank is considered clean if it appears clean and the detector reading is less than 5% LEL at the bottom, middle and upper inside of the tank. Plan for the appropriate equipment in consideration of the tank's very narrow fill opening. Dry ice should not be used in this tank.

After the tank is determined to be clean by the inspector and by the contractor, the tank and piping runs (including the subgrade portion of the vent line) will be filled with a wet cement slurry (usually 2 bags of cement per cubic yard of sand). The fill pipe is to be cut off at grade because it is currently a trip hazard.

The property owner will be required to record a deed notification at the County Recorder's office specifying that the tank has been abandoned in place on-site. This document must be reviewed by City Fire before the actual recording.

A City Fire inspector will need to witness the tank cleaning and slurring. Please call our office in advance at 805-781-7383 or 805-781-7380 to schedule this inspection. Thank you for your cooperation.

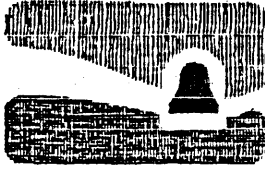
Sincerely,

Molly Brown
Hazardous Materials Section

Enclosures

cc: Ken Ward, Maintenance Division, French Hospital

H:/ 1911 JOHNSON FRENCH HOSPITAL UST ABAND IN PLACE 041301



CITY OF SAN LUIS OBISPO

FIRE DEPARTMENT

2160 Santa Barbara Avenue • San Luis Obispo, CA 93401-5240 • 805/781-7380

"Courtesy & Service"

April 13, 2001

Sean McCormick
Macoy Resources
PO Box 3980
Paso Robles, CA 93447

Re: 1911 Johnson Avenue, San Luis Obispo, French Hospital
Underground Tank Abandonment In-Place

Dear Sean,

The following are the City of San Luis Obispo Fire Department's requirements for the French Hospital underground tank abandonment in-place project:

Complete and return enclosed "Application for permit for temporary or permanent closure/removal of underground hazardous substances storage facility".

Submit payment of \$592 with your application to remove the tank, (this reflects a revised fee structure). The check should be written out to "City of San Luis Obispo".

Complete and return enclosed new State Tank Forms A & B reflecting that the tank is being removed/abandoned in place.

Submit a site safety plan one week in advance of the actual work for review and approval by City Fire.

Complete and return enclosed "Hazardous waste tank closure certification" form after the tank is cleaned.

The contractor doing the job must have a current Hazardous Substances Certification license issued by the Contractors State License Board.

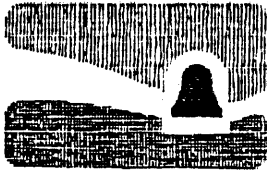
Remove exposed vent line from grade to top of outdoor wall. Tank and piping (including subgrade portion of vent line) will be rinsed until clean with a mild solution

H:/ 1911 JOHNSON FRENCH HOSPITAL UST ABAND IN PLACE 041301



The City of San Luis Obispo is committed to include the disabled in all of its services, programs and activities
Telecommunications Device for the Deaf (805) 781-7410.





CITY OF SAN LUIS OBISPO

FAXED
12/22/99

FIRE DEPARTMENT

2160 Santa Barbara Avenue • San Luis Obispo, CA 93401-5240 • 805/781-7380

"Courtesy & Service"

MEMORANDUM

Date: 12/20/99

From: Ronald G. Hanson, Fire Inspector - City of San Luis Obispo Fire Department
Ph# (805) 781-7379, Fax# (805) 543-8019

To: Brian Starr, SDG Architecture
Ph# (805) 541-3848, Fax# (805) 541-9260

Subject: New AST Fuel Tank and Abandonment of Old UST @ French Hospital
1911 Johnson Ave.

Brain,

We reviewed your proposal for a new diesel fuel tank for the generator at French Hospital and have the following comments:

1. The location of proposed diesel fuel tank is acceptable.
2. The Trusco Tank indicated on your plans is a listed multi-hazard, protected tank which meets CFC, UL, and local requirements.
3. OSHPOD is the inspecting authority. The City Building Division will not require a separate permit. However, SLO City Fire is a participating agency for the local CUPA (within San Luis Obispo City). Permitting and fees are required for the abandoned tank and above ground storage tank. Our fee schedule is attached. Please contact Carrie Bassford @ 781-7380 for permit cost.
4. The plans as submitted are acceptable for the AST.
5. The current tank may be abandoned in place or removed. Please see procedures in the CFC, 7902.1.7 and 7902.1.7.2.4 for abandonment. If abandoned in place, a qualified Chemical Engineer shall certify to the tanks cleanliness prior to filling with a cement slurry mix. The location of the abandoned tank shall be recorded with the County Recorders Office and deed notification for the contamination left in place.
6. An approved job safety plan will be required to be at the site for abandoning the current tank.



The City of San Luis Obispo is committed to include the disabled in all of its services, programs and activities. Telecommunications Device for the Deaf (805) 781-7410.



SCHEDULE 5.8

LITIGATION

See attached litigation summaries for each of the Hospitals.

LITIGATION SUMMARY/AGCH/OPEN CASES AS OF 01.15.03

CASE NAME	DATE OF CLAIM	DEPARTMENT INVOLVED	ALLEGATIONS OF NEGLIGENCE	INDEMNITY RESERVES	PRE-LITIGATION / LITIGATION	STATUS
<i>Castillo v. Arroyo Grande Community Hospital</i>	3/25/02	Operating Room	Alleged negligent performance of tubal ligation, resulting in unwanted pregnancy	\$5000#	Litigation	Discovery phase of litigation is in process.
<i>Garland v. Arroyo Grande Community Hospital</i>	7/26/02	Medical-Surgical Floor	Alleged failure to diagnose and treat; failure to properly monitor patient to prevent patient fall	\$100,000#	Pre-Litigation	In process of evaluating issues of liability and damages
<i>Lasher v. Arroyo Grande Community Hospital</i>	8/21/02	Operating Room	Alleged negligent performance of surgery, resulting in radial nerve injury and partial loss of use of hand	\$5,000#	Pre-Litigation	Allegations of negligence in case appear directed primarily to physician; in process of evaluating issues of liability and damages
<i>Kennedy v. Arroyo Grande Community Hospital</i>	10/4/02	Human Resources	Alleged wrongful termination and violation of federal and state compliance statutes	Reserves not yet set#	Pre-Litigation	Ongoing negotiations with Plaintiff's counsel and request for dismissal based on lack of merit
<i>Robles v. Arroyo Grande Community Hospital</i>	12/7/02	Emergency Department	Alleged failure to diagnose and treat aortic dissection, and disease of cardiac origin	\$10,000#	Pre-Litigation	Letter of intent only recently received; still in process of evaluating issues of liability and damages
<i>Brenizer v. Arroyo Grande Community Hospital</i>	1/8/03	Medical-Surgical Floor	Alleged negligent monitoring of patient, resulting in patient fall and leg fracture	Reserves not yet set#	Pre-Litigation	Letter of intent only recently received; still in process of evaluating issues of liability and damages

Total Indemnity Reserves = \$120,000.00
Total Number of Claims = 6

LITIGATION SUMMARY/CRMC/OPEN CASES AS OF 01.15.03

CASE NAME	DATE OF CLAIM	DEPARTMENT INVOLVED	ALLEGATIONS OF NEGLIGENCE	INDEMNITY RESERVES	PRE-LITIGATION / LITIGATION	STATUS
<i>Zirbel v. Corona Regional Medical Center</i>	6/4/01	Emergency Department	Alleged failure to diagnose and treat massive internal infection	\$5000	Litigation	Allegations of negligence in case appear directed primarily to physician; at this juncture, no articulated theories of negligence against the Hospital or its staff.
<i>Alpers v. Corona Regional Medical Center</i>	11/19/02	Operating Room	Alleged negligent performance of gastric bypass surgery/alleged failure to diagnose and treat post-operative complications	Reserves not yet set#	Pre-Litigation	Letter of intent only recently received; still in process of evaluating issues of liability and damages
<i>Betancourt v. Corona Regional Medical Center</i>	5/2/02	Medical Floor	Alleged failure to monitor and report changes in EKG; failure to diagnose and treat myocardial infarction	\$25,000#	Litigation	Discovery phase of litigation is in process.
<i>Bechtel v. Corona Regional Medical Center</i>	12/9/02	Operating Room	Alleged negligent performance of right peroneal nerve neuropathy and right lumbosacral radiculopathy, resulting in injury to lower extremity	Reserves not yet set#	Pre-Litigation	Letter of intent only recently received; still in process of evaluating issues of liability and damages
<i>Chichipa v. Corona Regional Medical Center</i>	1/30/02	Medical Floor	Alleged failure to monitor and restrain confused patient; failure to prevent patient fall	\$150,000#	Litigation	Discovery phase of litigation is in process.
<i>Cummings v. Corona Regional Medical Center</i>	8/28/02	Intensive Care Unit	Alleged failure to diagnose and treat developing respiratory distress	\$5000#	Litigation	Discovery phase of litigation is in process.
<i>Davidson v. Corona Regional Medical Center</i>	2/27/02	Operating Room	Alleged failure to remove surgical sponge from abdomen following surgery	\$25,000#	Litigation	Discovery phase of litigation is in process.

Indicates claim falls within purview of BETA insurance policy; Hospital responsible for the first \$250,000.00, defense costs and indemnity payments.

PRIVILEGED/CONFIDENTIAL/NOT SUBJECT TO DISCOVERY OR DISCLOSURE

CASE NAME	DATE OF CLAIM	DEPARTMENT INVOLVED	ALLEGATIONS OF NEGLIGENCE	INDEMNITY RESERVES	PRE-LITIGATION / LITIGATION	STATUS
<i>Gagnon v. Corona Regional Medical Center</i>	5/24/02	Operating Room	Alleged negligent performance of angiogram/angioplasty, resulting in perforated iliac artery	\$5000#	Litigation	Discovery phase of litigation is in process.
<i>Heckert v. Corona Regional Medical Center</i>	1/11/02	Recovery Room	Alleged failure to prevent patient fall, post-operatively	\$50,000#	Litigation	Discovery phase of litigation is in process.
<i>Huisman v. Corona Regional Medical Center</i>	8/21/02	Operating Room	Alleged negligent performance of laparoscopic cholecystectomy, resulting in perforation	\$15,000#	Pre-Litigation	Discovery phase of litigation is in process.
<i>Lake v. Corona Regional Medical Center</i>	10/7/02	Emergency Department	Alleged failure to diagnose developing stroke, resulting in toxic encephalopathy	\$5000 #	Pre-Litigation	Discovery phase of litigation is in process.
<i>Landreth v. Corona Regional Medical Center</i>	9/24/02	Emergency Department	Alleged negligent placement of nasogastric tube, resulting in perforation	\$15,000 #	Pre-Litigation	Discovery phase of litigation is in process.
<i>McMorris v. Corona Regional Medical Center</i>	12/13/02	Medical Staff/Human Resources	Alleged failure to prevent sexual harassment; alleged failure to take prompt and remedial corrective action	\$50,000#	Litigation	Complaint only recently served on Hospital; still in process of evaluating issues of liability and damages.
<i>Mendoza v. Corona Regional Medical Center</i>	9/17/02	Operating Room	Alleged negligent performance of gastric bypass surgery/alleged failure to diagnose and treat post-operative complications	\$80,000 #	Pre-Litigation	Letter of intent only recently received; still in process of evaluating issues of liability and damages
<i>Propper v. Corona Regional Medical Center</i>	9/10/02	Medical Floor	Alleged failure to monitor and restrain patient to prevent patient fall	\$50,000 #	Pre-Litigation	Letter of intent only recently received; still in process of evaluating issues of liability and damages
<i>Schmitz v. Corona Regional Medical Center</i>	11/14/02	Labor and Delivery	Alleged failure to properly monitor pregnancy, resulting in fetal demise/miscarriage	\$50,000#	Pre-Litigation	Letter of intent only recently received; still in process of evaluating issues of liability and damages
<i>Smith v. Corona Regional</i>	2/2/02	Operating Room	Alleged negligent performance of arthroscopic surgery in right shoulder	\$5000 #	Litigation	Discovery phase of litigation is in process.

PRIVILEGED/CONFIDENTIAL/NOT SUBJECT TO DISCOVERY OR DISCLOSURE

LITIGATION SUMMARY/FHMC/OPEN CASES AS OF 01.15.03

CASE NAME	DATE OF CLAIM	DEPARTMENT INVOLVED	ALLEGATIONS OF NEGLIGENCE	INDEMNITY RESERVES	PRE-LITIGATION / LITIGATION	STATUS
<i>Castro v. French Hospital Medical Center</i>	11/29/02	Operating Room	Alleged failure to remove surgical sponge from abdomen following surgery	\$5000#	Litigation	Review of documents indicates that Plaintiff likely not a patient of FHMC over time period in question; in process of negotiating with Plaintiff's counsel re dismissal from litigation
<i>Estrata v. French Hospital Medical Center</i>	6/3/02	Operating Room	Alleged negligent performance of surgery, resulting in injury/paralysis to facial nerve	\$5000#	Litigation	Allegations of negligence in case appear directed primarily to physician; in process of evaluating issues of liability and damages
<i>Martin v. French Hospital Medical Center</i>	6/26/02	Operating Room/Surgical Floor	Alleged negligent performance of surgery and negligent post-operative monitoring of patient	\$25,000#	Litigation	Plaintiff has dismissed the Hospital from the litigation without prejudice, reserving the right to bring the facility back in at some later time if the Court permits and circumstances support same; case remains open only for monitoring purposes
<i>Monge v French Hospital Medical Center</i>	7/22/02	Surgical Floor	Alleged negligent injection of pain medication, resulting in nerve damage	\$5000#	Litigation	Ongoing negotiations with Plaintiff's counsel, with possibility of settlement in near future and prior to incurring defense expenses
<i>Lindner v. French Hospital Medical Center</i>	6/28/02	Operating Room	Alleged negligent placement of staples during surgery, resulting in migration and subsequent injury	\$5000#	Pre-Litigation	Allegations of negligence in case appear directed primarily to physician; in process of evaluating issues of liability and damages

PRIVILEGED/CONFIDENTIAL/NOT SUBJECT TO DISCOVERY OR DISCLOSURE

Indicates claim falls within purview of BETA insurance policy; Hospital responsible for the first \$250,000.00, defense costs and indemnity payments.

CASE NAME	DATE OF CLAIM	DEPARTMENT INVOLVED	ALLEGATIONS OF NEGLIGENCE	INDEMNITY RESERVES	PRE-LITIGATION / LITIGATION	STATUS
<i>Perez v. French Hospital Medical Center</i>	11/3/02	Operating Room	Alleged negligent administration of anesthesia to monitor and negligent patient monitoring	Reserves not yet set#	Pre-Litigation	Letter of intent only recently received; still in process of evaluating issues of liability and damages
<i>Hudson v. French Hospital Medical Center</i>	1/15/02	Operating Room	Alleged negligent performance of right eye vitrectomy and failure to remove suture material	\$5000#	Pre-Litigation	Plaintiff's counsel has agreed not to involve the Hospital as a defendant in any subsequently filed litigation; case remains open only for monitoring purposes

Total Indemnity Reserves = \$50,000.00
Total Number of Claims = 7

<i>Vista Hospital Systems v. OrNda Hospital Corporation</i>	10/4/02	N/A	Cross-Complaint for equitable indemnity, contribution, breach of contract and declaratory relief	Indemnity contribution	Litigation	Ongoing
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PRIVILEGED/CONFIDENTIAL/NOT SUBJECT TO DISCOVERY OR DISCLOSURE

Indicates claim falls within purview of BETA insurance policy; Hospital responsible for the first \$250,000.00, defense costs and indemnity payments.

CASE NAME	DATE OF CLAIM	DEPARTMENT INVOLVED	ALLEGATIONS OF NEGLIGENCE	INDEMNITY RESERVES	PRE-LITIGATION / LITIGATION	STATUS
<i>Medical Center Maheshwari v. Vista Hospital Systems</i>	5/27/97	Medical Staff	Alleged libel and slander/ intentional interference with business relationship/ defamation	\$25,000*	Litigation	Case is on appeal, following defense verdict in favor of Hospital and individual physician defendants

*Total Indemnity Reserves = \$510,000.00
Total Number of Claims = 18
Average Reserve Per Claim = \$25,555.00*

* Indicates claim covered by insurance policy with AIG/\$25,000.00 deductible on indemnity payments only/maximum exposure to Hospital is \$25,0000.00
PRIVILEGED/CONFIDENTIAL/NOT SUBJECT TO DISCOVERY OR DISCLOSURE

SCHEDULE 5.9

DISCLOSURES RE: LICENSES AND PERMITS; PARTICIPATION AGREEMENTS

There are no known threatened revocations of licenses at any of the Hospitals. See Schedule 1.1(f) for a list of the licenses and permits for each of the Hospitals.

See Schedule 1.1(e) for a list of managed care contracts for each of the Hospitals.

SCHEDULE 5.10

EMPLOYEE RELATIONS

OMITTED¹

¹ Omitted documents contain confidential information

SCHEDULE 5.11(a)

PERSONNEL LIST

OMITTED¹

¹ Omitted documents contain confidential information

SCHEDULE 5.11(b)

ACCRUED EMPLOYEE BENEFITS

OMITTED¹

¹ Omitted documents contain confidential information

SCHEDULE 5.11(c)

EMPLOYEE BENEFIT PLANS

OMITTED¹

¹ Omitted documents contain confidential information

SCHEDULE 5.11(e)

NONCOMPLIANCE WITH PERSONNEL MATTERS

None.

SCHEDULE 5.12

DEFAULTS UNDER ASSUMED CONTRACTS

Seller is likely in default under the payment terms of many of the assumed contracts. Nevertheless, Seller has not received any notices of termination of any material contracts. Such defaults should be satisfied or resolved through the bankruptcy proceedings.

SCHEDULE 5.13

BROKERS

See attached Letter of Engagement to Retain Cambio Health Solutions as Marketing Agent for VISTA Hospital Systems, Inc. and French Hospital Medical Center, dated June 5, 2002.

CAMBIO

HEALTH SOLUTIONS, LLC.

June 5, 2002

Bertram P. Rosenthal
President
VISTA Hospital Systems
French Hospital Medical Center
770 Magnolia Avenue
Suite # 1
Corona, CA 92879

Dear Dr. Rosenthal:

**Letter of Engagement ("LOE") to retain Cambio Health Solutions as
Marketing Agent for VISTA Hospital Systems, Inc. and French Hospital
Medical Center**

VISTA Hospital Systems, Inc. ("VISTA") and French Hospital Medical Center ("French" and, together with VISTA, the "Corporations") wish to retain Cambio Health Solutions LLC ("Cambio") to act as the Corporations' agent (the "Marketing Agent") in the marketing of the Corporations' assets consisting of Corona Regional Medical Center (the main hospital and the rehabilitation hospital) in Corona, California, French Hospital Medical Center in San Luis Obispo, California, and Arroyo Grande Community Hospital in Arroyo Grande, California (collectively, the "Hospitals").

- I. **THE CAMBIO TEAM.** The goal of Cambio in this engagement is to assist the President of VISTA and French ("President") in generating interest from potential buyers and in negotiating and consummating a sale transaction. Tom Singleton, President of Cambio will be the team leader responsible for work on this project. Cambio will be providing its services both on-site at Corporations and off-site where necessary and appropriate. Cambio will work closely with the President and other parties as the President deems appropriate.

- II. **STRUCTURE OF AGREEMENT.** Within the first twenty-one (21) days of the commencement of this engagement, Cambio will generate a projected time line for completion of the major activities outlined in this LOE. The parties acknowledge that Cambio's ability to meet such time frames is dependent on the availability of the President and Corporations' Boards of Directors ("Board") and other factors outside Cambio's control. Cambio proposes to provide the following services, commencing on or about June 5, 2002:

- A. **Solicitation Package Preparation.** Cambio will prepare a solicitation package/request for proposal ("RFP") and a list of potential strategic partners, including both for-profit and non-profit organizations. Cambio will submit the RFP and a list of potential strategic partners simultaneously to the President and the Holders. The RFP will be distributed to potential strategic partners after a confidentiality agreement has been executed.
- B. **Presentation and Tour of Hospitals.** Cambio will assist senior management of Corporations in preparing an agenda, presentation script, and tour sequence, to highlight Corporations' key strategic attributes to potential partners. Any such presentation and tour will be conducted in accordance with the confidentiality guidelines outlined below.
- C. **Review of Proposals and Presentations.** Cambio will analyze all proposals received and will present a concise summary of their major points, including advantages and disadvantages, simultaneously to the President, the Board and the Holders. Cambio will then make recommendations regarding negotiation strategies for the President and Board to consider, modify, and approve prior to the commencement of the negotiation process.
- D. **Negotiations.** Upon selection by the President and Board of one or more potentially suitable partners, Cambio will assume the lead role in negotiations. Initially, Cambio will assist in the negotiation of a Letter of Intent ("LOI") containing non-monetary and monetary business points. Cambio will review the LOI with the President and will make recommendations as to the direction in which negotiations should proceed. Once the President approves the LOI, Cambio will assist the President and Corporation's attorney in negotiating a definitive agreement, and Cambio will present its recommendations regarding the definitive agreement to the President, Board and the Holders. Cambio will maintain open and thorough communications with the President or his designated representative and will obtain the approval of the President or his designated representative on key issues.
- E. **Due Diligence.** Cambio will take the lead role, which will require the assistance of Corporations' senior management and Corporations' attorney in preparing the reports, materials, and information that will be requested during the due diligence process. Cambio will also assist Corporations in pursuing any regulatory approvals which may be required to close the transaction.
- F. **Closing.** Cambio will provide support to the President and Corporations' legal counsel up through and including the closing of the transaction and will be present at the closing table to assist, as needed, with any remaining details.

III. **FEE AND EXPENSES.**

- A. **Fee.** Corporations shall pay Cambio a fee which shall consist of the following:
 - 1) An initial fee of \$50,000 shall be deemed earned in full and shall be payable upon the execution of this LOE by Corporations.

- 2) A monthly fee of \$40,000 shall be deemed earned in full and shall be payable upon the first day of each month, commencing July 1, 2002.
- 3) An LOI fee of \$75,000 shall be deemed earned in full and shall be payable upon the signing of an exclusive letter of intent by the selected strategic partner or partners.
- 4) A definitive agreement fee of \$75,000 shall be deemed earned in full and shall be payable upon the signing of a definitive agreement by the selected strategic partner or partners.
- 5) A success fee shall be paid to Cambio at the time of the closing of the strategic transaction/alliance. The success fee shall be due and payable on the closing date of any sale, lease, merger, joint venture, affiliation agreement, disposition/transfer of the assets/liabilities of Corporations or any other type of strategic transaction (i) with any entity prior to the termination of this LOE or (ii) with any entity prior to expiration of twenty-four (24) months from the date of this LOE. The success fee shall be \$400,000. This subsection will survive any termination or expiration of this LOE.

The fee described herein contemplates the sale of the Hospitals to one party. Should Corporations elect to accept one or more proposals for the purchase of fewer than all three Hospitals, Corporations and Cambio shall negotiate a substitute fee arrangement that takes into account the fact that Cambio would necessarily expend greater efforts if there were more than one purchaser. Corporations acknowledge that, in this event, Cambio's expenses would also necessarily be greater than if there were more than one purchaser.

- B. Expenses.** In addition to the compensation described in subsection III.A. above, Corporations shall reimburse Cambio for reasonable and customary out-of-pocket expenses incurred by the Cambio personnel and consultants performing services under this LOE. Cambio will use its best efforts to control expenses and will submit documentation to Corporations for all expenses for which reimbursement is requested. All reimbursable expenses will be billed on a monthly basis and shall be due and payable upon receipt of invoice.
- C. Late Payment.** The Corporations agrees to pay Cambio interest, at the rate of ten percent (10%) per annum, on all fees and reimbursable

expenses not paid when due, said interest to accrue from the date originally due until payment is made.

IV. LEGAL MATTERS.

- A. Legal Services. Cambio will work closely with Corporations' attorney in obtaining legal review and advice throughout the term of this engagement, including but not limited to review of the RFP and LOI, as well as assistance in the drafting and negotiation of a definitive agreement. Legal fees incurred related to Corporations' attorney during this process will be borne by Corporations.
- B. Confidentiality. Cambio will maintain in confidence all information regarding Corporations, the Hospitals and the transactions contemplated by this LOE and will not disclose any such information to any person or entity unless such information is in the public domain at the time of delivery to us or unless Corporations authorizes us to disclose the same. Cambio's obligation of confidentiality shall survive any termination of this LOE and this engagement.

The Boards of VISTA and French have concluded that none of their constituencies, including, without limitation, their medical staffs, their employees, their patients and the communities served by them are to be made aware of the solicitation process described herein, except to the extent absolutely necessary to effect a successful bidding process. The due diligence activities consisting of document review will be conducted "off site," such as at the local Los Angeles area offices of Cambio or the offices of the Corporations' counsel, Foley & Lardner. Interviews with management and key personnel should also be conducted off site, to the extent feasible, unless otherwise agreed with the President. The Boards understand that on site inspections are a critical component of the due diligence process and do not object to such. However, the Boards expect that the potential acquirers will cause a minimum number of their staff and agents to conduct on-site visits, and when they do, request that such staff and agents dress in a manner that would be consistent with casual visits by families of patients, unless otherwise agreed with the President.

- C. Limitation of Liability: Indemnification. Cambio, its employees, agents, representatives and/or subcontractors shall have no liability to Corporations for any indirect, consequential, incidental, exemplary, special or punitive damages or costs including, without limitation, lost profits or loss of goodwill, even if such party has been advised, knew or should have known of the possibility thereof. As a condition of Cambio entering into this LOE it is expressly agreed that the cumulative liability of

Cambio, its employees, agents, representatives and/or subcontractors to Corporations for any and all claims, regardless of the form of action, arising out of or relating in any way to this LOE, shall not exceed the total of all fees actually paid by Corporations to Cambio hereunder. Corporations agree to defend and indemnify Cambio, its directors, officers, agents, and employees, and hold them harmless against any losses, claims, damages or liabilities in connection with, or as a result of, its engagement hereunder, unless it shall be finally judicially or administratively determined that such losses, claims, damages, or liabilities arose solely out of the negligence or bad faith of Cambio, its directors, officers, employees or agents. The indemnification and contribution provisions hereof shall be in addition to any rights that Cambio may have at common law or otherwise, and any right to indemnity and/or contribution shall survive the termination of this LOE.

- D. **Assignment; Binding Effect.** This LOE may not be assigned by either party without the express prior written consent of the other party. This LOE shall be binding upon Cambio, Corporations, and their respective successors and permitted assignees.
- E. **Limits on Scope of Engagement.** Cambio's services hereunder do not include the provision of a fairness opinion, a valuation, seismic evaluations or significant additional work as part of an Attorney General review; nor does Cambio provide audit or legal services. In the event that the transaction involves the defeasance of Corporations' bonds or a similar service, Cambio will assist Corporations and Corporations' attorney in engaging an appropriate third party to handle that process.
- F. **Notices.** All notices permitted or required by this LOE shall be deemed given when in writing and delivered personally or deposited in the United States mail, postage prepaid, return receipt requested, addressed to the other party's President, in the case of Corporations, at the address set forth above and, in the case of Cambio, at the following address Mr. Thomas Singleton, Cambio Health Solutions LLC, 105 Continental Place, Brentwood, Tennessee 37027.
- G. **Legal Fees.** If either party commences legal action alleging any violation of this Agreement, the non-prevailing party shall pay all costs and reasonable attorneys' fees incurred by the prevailing party in connection with such action.
- H. **Other Agreements.** Nothing herein shall modify any duties of Corporations or Cambio under any other agreements between the parties hereto.

- I. **Termination.** This LOE will terminate upon the first of the following to occur: (1) Corporations close a sale, lease, merger, joint venture, affiliation agreement, disposition/transfer of the assets/liabilities or stock of Corporations or any other type of strategic transaction, in whole or in part, and Cambio is paid its success fee and all expenses; (2) the Board formally declines all offers received by potential suitors and formally terminates discussions with all potential suitors; or (3) any time after January 1, 2003, Cambio provides the President with no less than ten (10) days notice of Cambio's election to terminate this LOE.
- J. **Representation of Corporations.** This LOE has been duly authorized, executed, and delivered by the Corporations and represents the legal, valid, and binding agreement of Corporations and is enforceable against Corporations in accordance with its terms.
- J. **Representation of Cambio.** This LOE has been duly authorized, executed, and delivered by Cambio and represents the legal, valid, and binding agreement of Cambio and is enforceable against Cambio in accordance with its terms.
- K. **Access to Records.** Upon the written request of the Secretary of Health and Human Services, the Comptroller General, or any of their duly authorized representatives, Cambio will make available those contracts, books, documents, and records necessary to certify the nature and extent of the costs of providing services under this LOE. Such inspection shall be available up to four years after the rendering of such services. If Cambio carries out any of the duties of this LOE through a subcontract with a value of \$10,000 or more over a 12-month period with a related individual or organization, Cambio agrees to include this requirement in any such subcontract. This section is included pursuant to and is governed by the requirements of Public Law 96-499, Sec. 952, and the regulations promulgated thereunder.

Bertram P. Rosenthal, M.D.

Page 7

June 3, 2002

Please indicate your acceptance of the terms and conditions outlined in this LOE by executing below. Please return one fully executed copy to my attention. We look forward to the opportunity to work with you on this project.

Sincerely,

CAMBIO HEALTH SOLUTIONS, LLC

Thomas W. Singleton

President

AGREED TO AND ACCEPTED:

VISTA HOSPITAL SYSTEMS, INC. FRENCH HOSPITAL MEDICAL CENTER

By: _____
President

By: _____
President

SCHEDULE 5.15

OTHER ASSETS USED IN THE BUSINESSES

None. Buyer has acknowledged that Seller has previously sold the business, Hospice Partners of the Central Coast, Inc.

SCHEDULE 5.16
REAL PROPERTY MATTERS

None.

SCHEDULE 5.16(c)

REAL PROPERTY LEASES REQUIRING CONSENT

See Schedule 1.1(b) for a list of real property leases, including those that require the consent of landlords for any assignment of said leases.

SCHEDULE 5.16(h)

EXTENSIONS FOR SEISMIC FILED REPORTS

None.

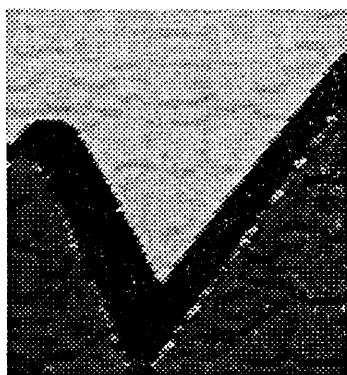
SCHEDULE 5.17

INSURANCE

Insurance Policies Currently Held by Seller

Name of Insurer	Type of Insurance	Amount of Coverage	Policy Number	Expiration Date
Beta Healthcare Group	Hospital Professional Liability	\$10,000,000 per claim \$10,000,000 Annual Aggregate	NP-C-02-786	7/1/02-7/1/03
Beta Healthcare Group	Directors & Officers Liability	10,000,000 per claim \$10,000,000 Annual Aggregate	NP-D-02-786	7/1/02-7/1/03
AIG	Employee Benefit Plan Fiduciary Liability Insurance	\$2,000,000	009858874	12/31/02-12/31/03
XL (PRM is the underwriting manager)	Workers Compensation Insurance	(A) Statutory Coverage (B) Employers Liability \$1,000,000	WPR9020258-00	7/1/02-7/1/03
Beta Healthcare Group	Automobile Liability	\$10,000,000 BI/PD \$5,000 Medical Payment	NP-A-02-786	7/1/02-7/1/03
Various (through a hospital all risk property program)	Property Insurance (crime coverage included)	\$ 5,000,000 Primary \$495,000,000 (Excess of \$5 million) \$ 45,000,000 (Excess of \$50 million) \$450,000,000 (Excess of \$500 million)	Various by layer	10/1/01-10/1/02
CNA	Boiler Machinery	\$100,000,000	BM1081572172	10/1/01-10/1/02
Various (through a hospital all risk property program)	Difference in Conditions (Earthquake)	\$88,200,000	Various by layer	10/1/01-10/1/02

VISTA HOSPITAL SYSTEMS, INC.
FRENCH HOSPITAL MEDICAL CENTER



Account Summary
October 2002

Prepared by:



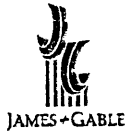
JAMES + GABLE

Insurance Brokers, Inc.

111 North Sepulveda Boulevard, Suite 350
Manhattan Beach, California 90266
310/937-2020

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VISTA
HOSPITAL SYSTEMS, INC.

James + Gable Insurance Brokers, Inc. Service Team

John James CEO jjames@james-gable.com	Team Leader Executive Management	3201 Danville Blvd., Suite 270 Alamo, CA 94507 925.838.4360 925.838.4365 Facsimile
Sue Mauga, Account Manager smauga@james-gable.com	Account Back-up Day-to-day Service Activities	111 N. Sepulveda Blvd., Suite 350 Manhattan Beach, CA 90266 310.937.2020 310.379.0989 Facsimile
Marigold McFadzean Director of Administration mmfadzean@james-gable.com	Certificates of Insurance Automobile ID Cards Claims Coordination	111 N. Sepulveda Blvd., Suite 350 Manhattan Beach, CA 90266 310.937.2020 310.379.0989 Facsimile

Policy Summary Exhibit

Coverage	Term	Insurer	Policy No.	Premium
Hospital Professional Liability	7/1/02 - 03	Beta Healthcare Group	NP- C- 02-786	\$1,490,853
Directors & Officers Liability	7/1/02 - 03	Beta Healthcare Group	NP- D- 02-786	\$134,923
Employee Benefit Plan Fiduciary Liability Insurance	12/31/02-03	AIG	009858874	
Workers Compensation Insurance	7/1/02 -03	XL (PRM is the underwriter manager)	WPR9020258-00	\$2,940,727
Automobile Liability	7/1/02 - 03	Beta Healthcare Group	NP- A- 02-786	\$21,854
Property Insurance	10/1/01 - 02	Various (through a hospital all risk property program)	Various Layer	\$56,436.25
			Crime Premium	\$7,708.75
Boiler & Machinery	10/1/01 -02	CNA	BM1081572172	\$6,110
Difference in Conditions (Earthquake)	10/1/01 - 02	Various (through a hospital all risk property program)	Various by layer	\$178,000



VISTA
HOSPITAL SYSTEMS, INC.

Hospital Professional Liability

Insurer: Beta Healthcare Group

Policy Term: July 1, 2002 to July 1, 2003

Policy No.: NP-C-02-786

Limits: *Professional/ General Liability*
\$10,000,000 Per claim
\$10,000,000 Annual Aggregate

Deductible: \$250,000 Per Occurrence
\$750,000 Annual Aggregate
(Applies to expense incurred, either defense or indemnity)

Premium: \$1,490,853

Directors & Officers Liability

Insurer: Beta Healthcare Group

Policy Term: July 1, 2002 – July 1, 2003

Limits: \$10,000,000 Per Claim
\$10,000,000 Annual Aggregate

Deductible: \$25,000 Per Claim
(Applies to expense incurred, either defense or indemnity)

Premium: \$134,923

Employee Benefit Plan Fiduciary Liability Insurance

Insurer: AIG

Policy Term: December 31, 2002 to December 31, 2003

Policy No: 009858874

Limits: \$2,000,000
(All loss in the aggregate other than Additional Limit of
Liability for Defense Cost, if any, as set forth below)
\$0 Additional Limits of Liability for Defense Cost
Sublimit of Liability for Voluntary Compliance Loss: NIL

Retention: \$10,000

Continuity Date: 11/20/1992

Premium: 19,264

Workers Compensation Insurance

Insurer: XL (PRM is the underwriting manager)

Policy Term: July 1, 2002 – July 1, 2003

Limits:

Coverage A:	Statutory
Coverage B:	\$1,000,000 (Employers Liability)

Premium: \$2,940,727 (Does Not Include \$100,000 Estimated
Volunteer Compensation Premium)



VISTA
HOSPITAL SYSTEMS, INC.

Automobile Liability

Insurer: Beta Healthcare Group

Policy Term: July 1, 2002 – July 1, 2003

Limits: \$10,000,000 BI/PD
\$5,000 Medical Payment

Deductible: \$250 Comprehensive
\$500 Collision

Premium: \$21,854

Property Insurance

Insurer: Various (Through a hospital all risk property program)

Policy Term: October 1, 2001 – October 1, 2002

Policy No.: Various by layer

Limits: \$ 5,000,000 Primary
\$495,000,000 Excess of \$5,000,000
\$ 45,000,000 Excess of \$50,000,000
\$450,000,000 Excess of \$500,000,000

Deductible: Various

Premium: \$56,436.25
\$ 7,708.75 Crime
(Crime Coverage included with Property through a hospital all risk property program)



VISTA
HOSPITAL SYSTEMS, INC.

Boiler Machinery

Insurer: CNA

Policy Term: October 1, 2001 to October 1, 2003

Policy No.: BM1081572172

Limits: \$100,000,000

Deductible: \$25,000 CO-Generation Equipment
\$5,000 All Other Objects

Premium: \$6,110



VISTA
HOSPITAL SYSTEMS, INC.

Difference in Conditions (Earthquake)

Insurer: Various (through a hospital all risk property program)

Policy Term: October 1, 2001 to October 1, 2002

Policy No.: Various by layer

Limits: \$88,200,000

Deductible: \$ 12,500,000 Per Occurrence & Annual Aggregate

Premium: \$178,000



VISTA
HOSPITAL SYSTEMS, INC.

Appendix

SCHEDULE 5.18

ADVERSE CHANGES

a. See Schedule 1.1(e) for a list of contracts entered into since the Prior Year's Statements. There have been a number of managed care contracts renegotiated since the Prior Year's Statements, including but not limited to the Pacificare contract, which is no longer based on capitation.

b. The hospice division, Hospice Partners of the Central Coast, Inc., has been sold.

c. The earthquake coverage for Arroyo Grande and French was not renewed. (Earthquake coverage remains in place at Corona).

SCHEDULE 5.19

COST REPORTS AND PARTICIPATION MATTERS

All the cost reports were filed when due. Seller has been following GAAP and Medicare regulations regarding Medicare net book value.

SCHEDULE 5.20

MEDICAL STAFF MATTERS

Attached please find the medical staff rosters for each of the Hospitals.

In 2002, one physician, Terence Scheid, was disciplined and was the subject of an "805 Report" filed by French Hospital with the Medical Board of California.

AG
1/16/2003

PHYSNAME	DEGREE	ADDRESS	CITY	STATE	ZIP	TEL	SPEC	STATUS
Ableby, Brenda G.	M.D.	150 Tejas Road	Nipomo	CA	93444	805-929-3211	IM	PROV
Adams, Scott E.	DPM	310 S. Halcyon #106	Arroyo Grande	CA	93420	805-481-0881	POD	AC
Ambrosio, Emilia	MD	150 Tejas Place	Nipomo	CA	93444	805-929-3211	FP	PROV
Anderson, Winston	M.D.	77 Casa St. #103	San Luis Obispo	CA	93405	805-543-8711	SPV	CY
Ardito, Joseph	M.D.	1184 East Grand Avenue	Arroyo Grande	CA	93420	805-474-9159	FP	AC
Arellano, Jesse	M.D.	575 Price Street, Suite 101	Pismo Beach	CA	93449	805-773-0707	FP	PROV
Ashley, William	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	805-473-7676	R	AC
Babu, Muthiyalliah	M.D.	116 S. Pallsade Dr., Suite 100	Santa Maria	CA	93454	805-349-0198	NEP	CY
Barr, Philip	M.D.	345 S. Halcyon Road	Arroyo Grande	CA	93420		IM	PROV
Beritz, Shelby L.	M.D.	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-783-1020	AN	AC
Bhakta, Gautam S.	M.D.	140 W. Branch Street	Arroyo Grande	CA	93420	805-474-6110	IM	PROV
Bhat, Bala	M.D.	915 Via Las Aguilas	Arroyo Grande	CA	93420	474-9247	FP	AC
Bloom, Sharon	M.D.	207 Bridge St	Arroyo Grande	CA	93420	805-481-5100	D	CY
Bloom, Jeffrey M.	M.D.	1334 Marsh Street	San Luis Obispo	CA	93401	805-543-2724	IM	CY
Bolivar, David A.	M.D.	292 Posada Lane, Suite C	Templeton	CA	93465	434-2253	S	PROV
Bondy, John M.	D.O.	877 Oak Park Blvd.	Pismo Beach	CA	93449	805-474-8450	FP	AC
Bonnheim, David	M.D.	862 Meinecke, 202	San Luis Obispo	CA	93405	805-544-1811	SCR	CY
Brenner, Richard D.	M.D.	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-783-1020	AN	AC
Bukachevsky, Roman	M.D.	77 Casa Street, Suite 204	San Luis Obispo	CA	93405	805-782-4000	OTO	CY
Byrne, Chris M.	DPM	1551 Bishop, #210	San Luis Obispo	CA	93401	805-543-7788	POD	PROV
Camacho, Miguel D.	M.D.	2801 Santa Maria Way, Bldg. A	Santa Maria	CA	93455	805-928-7757	FP	PROV
Campbell, Jerilynn F.	M.D.	345 S. Halcyon Road	Arroyo Grande	CA	93420	(805) 473-7626	IM	AC
Canfield, Craig	M.D.	77 Casa #202	San Luis Obispo	CA	93405	805-541-1111	U	AC
Carabeth, Sorina	M.D.	1941 Johnson #200	San Luis Obispo	CA	93401	805-541-3032	P	CN
Carlson, Steven	M.D.	1551 Bishop	San Luis Obispo	CA	93401	805-543-8822	GE	AC
Carlland, James P.	MD	P.O. Box 489	Templeton	CA	93465	434-1491	R	AC
Chakmakian, Vache	M.D.	505 E. Plaza	Santa Maria	CA	93454	739-3211	FP	AC
Chan, Connie	D.O.	345 S. Halcyon Road	Arroyo Grande	CA	93420	805-489-4261	EM	PROV
Chen, Janet	M.D.	880 Oak Park, Suite 103	Arroyo Grande	CA	93420	805-489-8286	OPH	CN
Cherry, Deborah	M.D.	184 Casa Street	Arroyo Grande	CA	93401	805-594-1240	IM	AC
Chirman, Guy N.	MD	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-783-1020	AN	AC
Christensen, Paul E.	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	805-473-7626	EM	AC
Clark, Russell P.	MD	345 S. Halcyon Road	Arroyo Grande	CA	93420		EM	AC
Clark, Steve J.	DPM	145 South Halcyon Road, Suite A	Arroyo Grande	CA	93420	481-9100	POD	AC
Clarke, Steve	M.D.	877 Oak Park Blvd.	Arroyo Grande	CA	93449	805-474-8450	FP	AC
Clayton, Michael	M.D.	77 Casa #202	Pismo Beach	CA	93405	805-541-1111	U	AC
Colbert, Phillip	M.D.	77 Casa St. #108	San Luis Obispo	CA	93405	805-541-6080	GE	AC
Culhane, Daniel	M.D.	345 S. Halcyon Rd	San Luis Obispo	CA	93420	805-473-7626	EM	AC
Cury, George	M.D.	354 S. Halcyon Road	Arroyo Grande	CA	93420	805-481-3652	FP	CY
Cushing, Gary	M.D.	1551 Bishop St. Suite 510	Arroyo Grande	CA	93401	805-549-7843	GE	CY
Da Silva, Wendy	D.O.	575 Price Street, Suite 101	Pismo Beach	CA	93449	805-773-0707	FP	AC
Dabral, Mudrit	M.D.	1505 S. Shepard Dr. Ste #105	Santa Maria	CA	93454	805-928-9770	PUD	CY
Dandilaya, Ram	M.D.	210 S. Pallsade #203	Santa Maria	CA	93454	805-928-5851	N	CN
David, Saul J.	MD	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-783-1020	AN	PROV

PHYSNAME	DEGREE	ADDRESS	CITY	STATE	ZIP	TEL	SPEC	STATUS
DeLeonardis, Edward A.	MD	P. O. Box 270	Arroyo Grande	CA	93421	805-473-7670	RD	PROV
Doria, Robert	M.D.	77 Casa #104	San Luis Obispo	CA	93405	805-782-8844	CD	AC
Dorr, James	M.D.	1057 Grand Avenue	Arroyo Grande	CA	93420	805-481-7220	FP	HON
Douglas, Cynthia	M.D.	1100 Las Tablas Rd	Templeton	CA	93465	805-434-4504	PA	CY
Ducoffe, Daniel C.	MD	801 E. Chapel, Suite 3	Santa Maria	CA	93454	928-4453	IM	PROV
Edelman, Alan S.	M.D.	1300 E. Cypress, Suite C2	Santa Maria	CA	93454	805-928-0838	NS	PROV
Eiferling, Margaret E.	M.D.	201 N. College Drive, #101 Attn: Lupe	Santa Maria	CA	93454	805-925-9581	ORS	CY
Ellerson, Dawn L.	MD	3421 Empresa, Suite A	San Luis Obispo	CA	93401	805-546-7981	PAA	PROV
Famularo, Michael	M.D.	77 Casa Street #104	San Luis Obispo	CA	93405	805-782-8844	CD	CY
Felstein, David M.	M.D.	1941 Johnson Avenue	San Luis Obispo	CA	93401	805-541-1177	IM	PROV
Ferro, Thomas	M.D.	1300 E. Cypress Ste. D1	Santa Maria	CA	93454	805-346-2646	ORS	AC
Fishburn, Robert	M.D.	100 Casa, Suite C	San Luis Obispo	CA	93401	805-541-1932	ONCR	CN
Fitchmun, Cary	M.D.	336 S. Halcyon	Arroyo Grande	CA	93420	805-473-6650	FP	PROV
Fletcher, Lorianna P.	M.D.	77 Casa Street, Suite 104	San Luis Obispo	CA	93405	805-782-8844	CD	AC
Fogel, Lawrence	M.D.	1941 Johnson Ave. #105	San Luis Obispo	CA	93401	805-543-1683	N	CN
Foran, M. B.	M.D.	292 Posada Lane, Suite C	Templeton	CA	93465	805-434-2253	SPV	CY
Foreman, Larry	D.O.	345 S. Halcyon	Arroyo Grande	CA	93420	805-473-7626	EM	AC
Frankhouser, George V.	MD	525 E. Plaza Drive, Suite 306	Arroyo Grande	CA	93420	805-473-7626	S	PROV
Fulbeck, Charles	M.D.	1551 Bishop #420	Santa Maria	CA	93454	805-347-7355	GE	AC
Fulmer, Daniel	DPM	1551 Bishop #210	San Luis Obispo	CA	93401	805-549-9533	POD	CY
Ganpule, Sanjay R.	M.D.	262 Posada Ln., Suite A	Templeton	CA	93465	805-543-7788	ONC	CY
Garren, Steven M.	M.D.	77 Casa Street, Suite 203	San Luis Obispo	CA	93405	805-434-0333	PLS	PROV
Gautam, Ravindra M.	M.D.	345 S. Halcyon	San Luis Obispo	CA	93420	805-544-6471	IM	PROV
Greenberg, Eric A.	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	805-489-4261	EM	AC
Griffin, J. B.	M.D.	1545 North Higuera Street	Arroyo Grande	CA	93420	805-473-7626	PMR	CN
Guthrie, Roger P.	M.D.	336 S. Halcyon	San Luis Obispo	CA	93401	805-543-5908	FP	AC
Hannah, James	M.D.	3421 Empresa	Arroyo Grande	CA	93420	805-474-2600	PA	AC
Harkins, Gary	M.D.	1941 Johnson Avenue, Suite 201	San Luis Obispo	CA	93401	805-546-7979	PA	AC
Harris, David	M.D.	336 S. Halcyon	Arroyo Grande	CA	93420	805-543-5577	ONC	CY
Hawthorne, James	M.D.	77 Casa #202	San Luis Obispo	CA	93405	805-474-2600	IM	AC
Hayashi, Edwin	M.D.	880 Oak Park, Suite 103	Arroyo Grande	CA	93420	805-541-1111	U	AC
Hayashi, Howard	M.D.	77 Casa #103	Arroyo Grande	CA	93405	546-0411	S	AC
Hendricks, Richard	M.D.	1050 Las Tablas Rd	San Luis Obispo	CA	93405	805-546-0411	SPV	AC
Herfter, Ernesto	M.D.	1057 Grand Ave	Templeton	CA	93465	805-434-1836	OTO	CY
Herten, Jeffrey R.	M.D.	15 Santa Rosa	Arroyo Grande	CA	93420	805-481-7220	FP	AC
Helzel, Robert J.	M.D.	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93401	805-541-2650	D	CN
Higginbotham, Robert	M.D.	628 California Blvd D ^{III}	San Luis Obispo	CA	93401	805-545-8100	AN	CY
Hirsch, Larry	M.D.	4555 El Camino Real	Atascadero	CA	93422	805-466-9001	OBG	CY
Hori, Gene	M.D.	148 Casa Street	San Luis Obispo	CA	93405	805-541-1492	U	AC
Hosn, Wally	M.D.	1250 Peach Street, Suite D	San Luis Obispo	CA	93401	805-541-0330	OPH	PROV
Hulburd, Christopher	M.D.	1104 Vine St. Suite A	Paso Robles	CA	93446	805-227-1477	OMS	CY
Humes, Marshall	D.D.S.	310 S. Halcyon, Suite 201	Arroyo Grande	CA	93420	805-489-7600	EM	AC
Jacobsen, Eric J.	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	805-473-7626	PD	AC
Janal, Hillel	M.D.	145 Bridge Street, Suite A	Arroyo Grande	CA	93420	805-481-3166	AN	CY
Jeyanadarajan, Sundara	M.D.	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-783-1020	PA	AC
Jobst, Steven	M.D.	3421 Empresa	San Luis Obispo	CA	93401	805-541-6033	PA	AC
Johnson, Gail	DPM	1551 Bishop Street, Suite 210	San Luis Obispo	CA	93401	805-543-7788	POD	AC

PHYSNAME	DEGREE	ADDRESS	CITY	STATE	ZIP	TEL	SPEC	STATUS
Johnson, George	M.D.	1304 Ella Street, #A	San Luis Obispo	CA	93401	805-541-1060	OBG	CY
Johnson, Steven	M.D.	628 California Ste C***	San Luis Obispo	CA	93401	805-544-0102	OPH	CN
Jones, Ernest	M.D.	336 S. Halcyon	Arroyo Grande	CA	93420	805-473-6650	FP	AC
Karamitsos, Carol A.	M.D.	116 S. Palisade, Suite 208	Santa Maria	CA	93454	805-347-2100	OBG	CY
Keller, Eugene	M.D.	1911 Johnson Ave.	San Luis Obispo	CA	93401	805-542-6345	EM	AC
King, Henry	M.D.	11545 Los Osos Valley Road, Suite A5	San Luis Obispo	CA	93405	(805) 783-1020	AN	PROV
King, Nicolas A.	M.D.	345 S. Halcyon Road	Arroyo Grande	CA	93420	805-489-4261	ORS	PROV
Kissel, Phillip	M.D.	628 California Blvd. F***	San Luis Obispo	CA	93401	805-544-4455	NS	CY
Klosterman, Paul	M.D.	77 Casa, Suite 202	San Luis Obispo	CA	93405	805-541-1111	U	CY
Kolba, Karen	M.D.	607 E. Plaza Dr., Suite A	Santa Maria	CA	93405	805-925-8899	RHU	CY
Kulick, Spencer	M.D.	77 Casa St. #104	San Luis Obispo	CA	93405	805-782-8844	CD	CN
Kurdaria, Bhanji	M.D.	1505 S. Shepard #150	Santa Maria	CA	93454	805-922-6616	HEM	CY
Kuntze, Joseph	M.D.	77 Casa #202	San Luis Obispo	CA	93405	805-541-1111	U	CY
Kvalstad, Robert	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	805-473-7675	R	AC
Kwan, Walter P.	M.D.	12266 Walden Court	Saratoga	CA	95070	408-725-1677	IM	PROV
Lastewski, Richard	D.O.	1775 Bee Canyon Rd.	Arroyo Grande	CA	93420	805-481-5356	R	HON
Lawrence, David	M.D.	3421 Empresa	San Luis Obispo	CA	93401	805-739-3171	PA	AC
Lawrence, Randolph	M.D.	1315 Las Tablas Road, Suite B	Templeton	CA	93465	805-434-0811	S	CY
Lee, Henry	M.D.	P.O. Box 544	San Luis Obispo	CA	93406	805-546-2876	N	CY
Leviton, Russ	M.D.	10 Santa Rosa, Suite 201	San Luis Obispo	CA	93405	805-544-7246	AN	CY
Lewis, Daniel	M.D.	1023 Pacific St.	San Luis Obispo	CA	93401	805-543-3350	ONCH	CY
Lickness, Danny	M.D.	100 Casa Ste B	San Luis Obispo	CA	93401	805-546-5831	ORG	CY
Limberg, Michael	M.D.	1270 Peach St. Ste 100	San Luis Obispo	CA	93401	805-541-1342	OPH	CY
Lubarsky, Laura	M.D.	1428 Phillips Lane, Suite 203	San Luis Obispo	CA	93401	805-543-4407	PUD	AC
Lundquist, Kurt F.	M.D.	P.O. Box 8139	San Luis Obispo	CA	93403	805-739-3171	PA	AC
Mahmood, Reshima	MD	354 South Halcyon Road, Suite B&C	Arroyo Grande	CA	93420	805-481-3652	IM	PROV
Mallur, Shreshya	M.D.	345 S. Halcyon Road	Arroyo Grande	CA	93420	805-489-4261	IM	PROV
Matotte, Michael	M.D.	268 S. Halcyon	Arroyo Grande	CA	93420	805-481-1368	OTO	AC
Marlin, Richard J.	MD	1010 Murray Avenue, Suite 129	San Luis Obispo	CA	93405-1699	546-7965	PMR	CY
Mayer-Harnisch, Guenther	MD	1201 Old Oak Park Road	Arroyo Grande	CA	93420	805-489-4172	FP	HON
McDonnell, James	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	805-473-7625	EM	AC
McGhie, Robert	M.D.	1430 E. Main Street, Suite 102	Santa Maria	CA	93454	805-928-7951	ORG	AC
McKee, Paul J.	M.D.	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-783-1020	AN	CY
McLeod, Willon A.	DO	345 S. Halcyon Road	Arroyo Grande	CA	93420	805-473-7626	EM	AC
McRee, William	M.D.	628 California Blvd., Suite C	San Luis Obispo	CA	93401	805-544-0102	OPH	CY
Merrill, Craig A.	M.D.	310 S. Halcyon Road, Suite 102	Arroyo Grande	CA	93420	805-489-9600	OPH	CY
Messrobian, Garabed	M.D.	116 S. Palisade	Santa Maria	CA	93454	805-739-3900	OTO	CY
Molin, Lisa J.	MD	1551 Bishop, Bldg. B#260	San Luis Obispo	CA	93401	805-541-2368	OTO	CY
Morey Jr., Scott A.	MD	100 Casa Street, Suite D2	San Luis Obispo	CA	93405	805-543-4474	NEP	PROV
Mundorf, Jeffrey B.	M.D.	1551 Bishop Street, Suite 420	San Luis Obispo	CA	93401	805-549-0784	GE	AC
Nguyen, Dung A.	M.D.	100 Buckingham Drive, Suite 214	Santa Clara	CA	95051	805-549-0784	IM	PROV
Norman, Richard J.	DPM	405 Traffic Way, Suite B	Arroyo Grande	CA	93420	805-481-1557	POD	AC
O'Brien, C. W.	M.D.	P.O. Box 127	Pismo Beach	CA	93448	805-481-3900	S	HON
O'Neil Jr., Richard	MD	11545 Los Osos Valley Road	San Luis Obispo	CA	93405	805-783-1020	AN	PROV
Oates, Mary	M.D.	116 S. Palisade, Suite 200	Santa Maria	CA	93454	805-739-3968	PMR	CY
Oelker, Glenn	M.D.	628 California Blvd., Suite C	San Luis Obispo	CA	93401	805-544-0102	OPH	CY
Oldenburg, J. B.	M.D.	1270 Peach Street	San Luis Obispo	CA	93401	805-541-1342	OPH	CY

PHYSNAME	DEGREE	ADDRESS	CITY	STATE	ZIP	TEL	SPEC	STATUS
Patchak, David	M.D.	1184 Grand Ave	Arroyo Grande	CA	93420	805-473-8983	ONC	AC
Pawlik, Nancy	M.D.	628 California Blvd. Bldg. D #2	San Luis Obispo	CA	93401	805-783-7044	SPV	AC
Pedersen, Jac	DDS	620 California Blvd., Suite H	San Luis Obispo	CA	93401	805-544-8111	DN	CN
Perrin, Timothy	M.D.	110 N. Halcyon	Arroyo Grande	CA	93420	805-489-2448	ORS	AC
Pitrowski, Anthony	M.D.	310 S. Halcyon, Suite 201	Arroyo Grande	CA	93420	805-489-7600	OMS	AC
Pollak, Richard G.	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	805-473-7626	EM	AC
Ponitius, Steven	M.D.	77 Casa #104	San Luis Obispo	CA	93405	805-782-8844	CD	CY
Poon, Michael W.	MD	1105 Las Tablas Road, Suite A	Templeton	CA	93465	805-434-1408	U	PROV
Puro, David M.	MD	310 S. Halcyon, Suite 105	Arroyo Grande	CA	93420	805-481-8233	CD	AC
Ragsdale, Bruce	M.D.	3421 Empresa	San Luis Obispo	CA	93401	805-541-6033	PA	CN
Ramberg, Donald	M.D.	1035 Peach Street #301A	San Luis Obispo	CA	93401	805-543-6710	NS	CN
Richards, Joanne	M.D.	1304 Ella Street, #A	San Luis Obispo	CA	93401	805-541-1060	OBG	CY
Rocco, Monica A.	M.D.	525 E. Plaza Drive, Suite 204	Santa Maria	CA	93454	805-925-3030	S	PROV
Rocha, Ronald E.	M.D.	3421 Empresa	San Luis Obispo	CA	93401	805-542-6391	PA	AC
Rodgers, Vance D.	MD	1551 Bishop Street, Suite 510	San Luis Obispo	CA	93401	805-786-4563	IM	AC
Rowland, Dale	M.D.	1941 Johnson Ave #301	San Luis Obispo	CA	93401	805-549-0888	PDC	CY
Ruiz, David	M.D.	671 W. Tefft Street, Suite #13	San Luis Obispo	CA	93444	805-474-2600 #2	FP	AC
Sada, Mark J.	M.D.	295 Posada Lane, #A	Nipomo	CA	93465-9048	805-434-2262	CD	CY
Safarik, Randall H.	M.D.	336 South Halcyon	Arroyo Grande	CA	93420	805-473-7950	OBG	AC
Sarmiento, Graciela	M.D.	258 James Way	Arroyo Grande	CA	93420	805-474-0419	FP	AC
Schultz, Eric	M.D.	1428 Phillips Lane, Suite 203	San Luis Obispo	CA	93401	805-543-4407	PUD	AC
Segal, Harold	M.D.	140 Casa	San Luis Obispo	CA	93401	805-773-3380	NS	CY
Shea, Owen F.	M.D.	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-783-1020	AN	CY
Silverstein, Arthur	D.O.	691 Morro Ave	Morro Bay	CA	93442	805-772-1291	CD	CY
Skow, James	M.D.	1941 Johnson Ave., Suite 101	San Luis Obispo	CA	93401	805-541-6037	TS	CY
Smelser, Scott R.	M.D.	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-783-1020	AN	CY
Smith, Edward	M.D.	426 E. Barcellus #202	Santa Maria	CA	93454	805-922-8346	N	CY
Smith-Arizmendi, Ronald	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	473-7656	AN	AC
Soll, Mark	M.D.	1428 Phillips Lane, Suite 203	San Luis Obispo	CA	93401	805-543-4407	PUD	AC
Spencer, Wanda J.	M.D.	801 E. Chapel Street, Suite 2	Santa Maria	CA	93454	922-9600		PROV
Spillane, Thomas J.	MD	1941 Johnson Avenue, Suite 201	San Luis Obispo	CA	93401	805-546-5668	ONC	PROV
Stella, Jonathan	M.D.	100 Casa, C-2	San Luis Obispo	CA	93401	805-541-1932	ONCR	CN
Stern, Diane	M.D.	427 Plomo Court	Arroyo Grande	CA	93420		IM	HON
Stewart, Robert	M.D.	1551 Bishop Street, #260	San Luis Obispo	CA	93401	805-541-2368	OTO	CY
Strasen, K. M.	M.D.	292 Posada Lane, Suite C	Templeton	CA	93465	805-434-3133	S	CY
Sun, Andrew	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	805-473-7656	AN	AC
Thom, Peter	M.D.	405-A Traffic Way	Arroyo Grande	CA	93420	805-481-4202	CD	AC
Thornton, James	M.D.	77 Casa St., Suite 203	San Luis Obispo	CA	93405	805-544-6471	PLS	CY
Tidik, Stephen	M.D.	77 Casa St., Suite 103	San Luis Obispo	CA	93405	805-544-8993	SPV	AC
Tommeay, Ann Marie	M.D.	855 4th Street	Pismo Beach	CA	93449	805-773-7230	OBG	CY
Tway, Kenneth	M.D.	1106 Pacific	San Luis Obispo	CA	93401	805-546-9500	CD	AC
Ungos, Erwina Q.	DO	345 S. Halcyon Road	Arroyo Grande	CA	93420		EM	PROV
Vendegna, Thomas R.	M.D.	1428 Phillips Lane, Suite 203	San Luis Obispo	CA	93401	805-543-4407	PUD	AC
Vest, Jerrold	M.D.	1975 Corbett Highlands Pk	Arroyo Grande	CA	93420	805-481-1834	AN	AC
Voge, Christian	M.D.	P.O. Box 211	Arroyo Grande	CA	93421		FP	AC
Vogler, Elizabeth	M.D.	P.O. Box 489	Templeton	CA	93465	434-1491	R	PROV
Von Dollen, Lawrence	M.D.	295 Posada Lane, #A	Templeton	CA	93465	805-434-2262	CD	CY

PHYSNAME	DEGREE	ADDRESS	CITY	STATE	ZIP	TEL	SPEC	STATUS
Wallack, Alice	M.D.	336 S. Halcyon	Arroyo Grande	CA	93420	805-474-2600	IM	AC
Watson, William	M.D.	1035 Peach St. #301	San Luis Obispo	CA	93401	805-545-5665	OTO	CY
Weise, Marc W.	M.D.	1300 E. Cypress, Suite D	Santa Maria	CA	93454	805-346-2646	ORS	AC
Weiss, Bennett T.	M.D.	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-783-1020	AN	AC
Whitcher, Bruce	DDS	990 Boysen Avenue	San Luis Obispo	CA	93401	805-541-3220	OMS	CY
Whitehead, Richard	M.D.	1282 Branch Mills Road	Arroyo Grande	CA	93420		N	AC
Wikholm, Richard	M.D.	116 S. Pallsade, Suite 2D	Santa Maria	CA	93454	805-739-3990	OTO	CY
Zieger, Carsten	D.O.	345 S. Halcyon	Arroyo Grande	CA	93420	805-473-7626	EM	AC
Zigelman, Michael	M.D.	189 Vista Drive	Arroyo Grande	CA	93420	805-489-9040	IM	HON
Ziomek, John	DPM	145 S. Halcyon	Arroyo Grande	CA	93420	805-481-9100	POD	AC
de Vera, Joseph M.	MD	1005 Eastridge Drive	Modesto	CA	95355	805-780-4433	IM	PROV

PHYSNAME	DEGREE	ADDRESS	CITY	STATE	ZIP	TEL	SPEC	STATUS
Abbley, Brenda G.	M.D.	150 Tejas Road	Nipomo	CA	93444	805-929-3211	IM	PROV
Adams, Scott E.	DPM	310 S. Halcyon #106	Arroyo Grande	CA	93420	805-481-0881	POD	AC
Ambrosio, Emilia	MD	150 Tejas Place	Nipomo	CA	93444	805-929-3211	FP	PROV
Anderson, Winston	M.D.	77 Casa St. #103	San Luis Obispo	CA	93405	805-543-8711	SPV	CY
Ardito, Joseph	M.D.	1184 East Grand Avenue	Arroyo Grande	CA	93420	805-474-9159	FP	AC
Arellano, Jesse	M.D.	575 Price Street, Suite 101	Pismo Beach	CA	93449	805-773-0707	FP	PROV
Ashley, William	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	805-473-7676	R	AC
Babu, Muthiyalah	M.D.	116 S. Palisade Dr., Suite 100	Santa Maria	CA	93454	805-349-0198	NEP	CY
Barr, Philip	M.D.	345 S. Halcyon Road	Arroyo Grande	CA	93420		IM	PROV
Benz, Shelby L.	M.D.	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-783-1020	AN	AC
Bhakla, Gautam S.	M.D.	140 W. Branch Street	Arroyo Grande	CA	93420	805-474-6110	IM	PROV
Bhat, Bala	M.D.	915 Via Las Aguilas	Arroyo Grande	CA	93420	474-9247	FP	AC
Billon, Sharon	M.D.	207 Bridge St	Arroyo Grande	CA	93420	805-481-5100	D	CY
Bloom, Jeffrey M.	M.D.	1334 Marsh Street	San Luis Obispo	CA	93401	805-543-2724	IM	CY
Bolivar, David A.	M.D.	292 Posada Lane, Suite C	Templeton	CA	93465	434-2253	S	PROV
Bondy, John M.	D.O.	877 Oak Park Blvd.	Pismo Beach	CA	93449	805-474-8450	FP	AC
Bonnheim, David	M.D.	862 Meinecke, 202	San Luis Obispo	CA	93405	805-544-1811	SCR	CY
Brenner, Richard D.	M.D.	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-783-1020	AN	AC
Bukachevsky, Roman	M.D.	77 Casa Street, Suite 204	San Luis Obispo	CA	93405	805-782-4000	OTO	CY
Byrne, Chris M.	DPM	1551 Bishop, #210	San Luis Obispo	CA	93401	805-543-7788	POD	PROV
Camacho, Miguel D.	M.D.	2801 Santa Maria Way, Bldg. A	Santa Maria	CA	93455	805-928-7757	FP	PROV
Campbell, Jerilynn F.	M.D.	345 S. Halcyon Road	Arroyo Grande	CA	93420	(805) 473-7626	IM	AC
Canfield, Craig	M.D.	77 Casa #202	San Luis Obispo	CA	93405	805-541-1111	U	AC
Carabeth, Sorina	M.D.	1941 Johnson #200	San Luis Obispo	CA	93401	805-541-3032	P	CN
Carlson, Steven	M.D.	1551 Bishop	San Luis Obispo	CA	93401	805-543-8822	GE	AC
Cartland, James P.	MD	P.O. Box 489	San Luis Obispo	CA	93465	434-1491	R	AC
Chakmakian, Vache	M.D.	505 E. Plaza	Templeton	CA	93454	739-3211	FP	AC
Chan, Connie	D.O.	345 S. Halcyon Road	Santa Maria	CA	93420	805-489-4261	EM	PROV
Chen, Janet	M.D.	880 Oak Park, Suite 103	Arroyo Grande	CA	93420	805-489-8286	OPH	CN
Cherry, Deborah	M.D.	184 Casa Street	Arroyo Grande	CA	93401	805-594-1240	IM	AC
Chirman, Guy N.	MD	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-783-1020	AN	AC
Christensen, Paul E.	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	805-473-7626	EM	AC
Clark, Russell P.	MD	345 S. Halcyon Road	Arroyo Grande	CA	93420		EM	AC
Clark, Steve J.	DPM	145 South Halcyon Road, Suite A	Arroyo Grande	CA	93420	481-9100	POD	AC
Clarke, Steve	M.D.	877 Oak Park Blvd.	Arroyo Grande	CA	93449	805-474-8450	FP	AC
Clayton, Michael	M.D.	77 Casa #202	Pismo Beach	CA	93405	805-541-1111	U	AC
Colbert, Phillip	M.D.	77 Casa St. #108	San Luis Obispo	CA	93405	805-541-6080	GE	AC
Cuthane, Daniel	M.D.	345 S. Halcyon Rd	San Luis Obispo	CA	93420	805-473-7626	EM	AC
Cury, George	M.D.	354 S. Halcyon Road	Arroyo Grande	CA	93420	805-481-3652	FP	CY
Cushing, Gary	M.D.	1551 Bishop St. Suite 510	Arroyo Grande	CA	93401	805-549-7843	GE	CY
Da Silva, Wendy	D.O.	575 Price Street, Suite 101	Pismo Beach	CA	93449	805-773-0707	FP	AC
Dabral, Mudit	M.D.	1505 S. Shepard Dr. Ste #105	San Luis Obispo	CA	93454	805-928-9770	PUD	CY
Dancillaya, Ram	M.D.	210 S. Palisade #203	Santa Maria	CA	93454	805-928-5851	N	CN
David, Saul J.	MD	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-783-1020	AN	PROV
DeLeonardis, Edward A.	MD	P.O. Box 270	Arroyo Grande	CA	93421	805-473-7670	RD	PROV
Doria, Robert	M.D.	77 Casa #104	San Luis Obispo	CA	93405	805-782-8844	CD	AC
Dorr, James	M.D.	1057 Grand Avenue	Arroyo Grande	CA	93420	805-481-7220	FP	HON

PHYSNAME	DEGREE	ADDRESS	CITY	STATE	ZIP	TEL	SPEC	STATUS
Douglas, Cynthia	M.D.	1100 Las Tablas Rd	Templeton	CA	93465	805-434-4504	PA	CY
Ducoffe, Daniel C.	MD	801 E. Chapel, Suite 3	Santa Maria	CA	93454	928-4453	IM	PROV
Edelman, Alan S.	M.D.	1300 E. Cypress, Suite C2	Santa Maria	CA	93454	805-928-0838	NS	PROV
Elferson, Margaret E.	M.D.	201 N. College Drive, #101, Attn: Lupe	Santa Maria	CA	93454	805-925-9581	ORS	CY
Ellerson, Dawn L.	MD	3421 Empresa, Suite A	San Luis Obispo	CA	93401	805-546-7981	PAA	PROV
Fantularo, Michael	M.D.	77 Casa Street #104	San Luis Obispo	CA	93405	805-782-8844	CD	CY
Feinstein, David M.	M.D.	1941 Johnson Avenue	San Luis Obispo	CA	93401	805-541-1177	IM	PROV
Ferro, Thomas	M.D.	1300 E. Cypress Ste. D1	Santa Maria	CA	93454	805-346-2646	ORS	AC
Fishburn, Robert	M.D.	100 Casa, Suite C	San Luis Obispo	CA	93401	805-541-1932	ONCR	CN
Fitchmun, Cary	M.D.	336 S. Halcyon	Arroyo Grande	CA	93420	805-473-6650	FP	PROV
Fletcher, Lorraine P.	M.D.	77 Casa Street, Suite 104	San Luis Obispo	CA	93405	805-782-8844	CD	AC
Fogel, Lawrence	M.D.	1941 Johnson Ave. #105	San Luis Obispo	CA	93401	805-543-1683	N	CN
Foran, M. B.	M.D.	292 Posada Lane, Suite C	Templeton	CA	93465	805-434-2253	SPV	CY
Foreman, Larry	D.O.	345 S. Halcyon	Arroyo Grande	CA	93420	805-473-7626	EM	AC
Frankhouser, George V.	MD	525 E. Plaza Drive, Suite 306	Santa Maria	CA	93454	805-347-7355	S	PROV
Fulbeck, Charles	M.D.	1551 Bishop #420	San Luis Obispo	CA	93401	805-549-9533	GE	AC
Fulmer, Daniel	DPM	1551 Bishop #210	San Luis Obispo	CA	93401	805-543-7788	POD	CY
Garipule, Sanjay R.	M.D.	262 Posada Ln., Suite A	Templeton	CA	93465	805-434-0333	ONC	CY
Garren, Steven M.	M.D.	77 Casa Street, Suite 203	San Luis Obispo	CA	93405	805-544-6471	PLS	PROV
Gautam, Ravindra M.	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	805-489-4261	IM	PROV
Greenberg, Eric A.	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	805-473-7626	EM	AC
Griffin, J. B.	M.D.	1545 North Higuera Street	San Luis Obispo	CA	93401	805-543-5908	PMR	CN
Guthrie, Roger P.	M.D.	336 S. Halcyon	Arroyo Grande	CA	93420	805-474-2600	FP	AC
Hannah, James	M.D.	3421 Empresa	San Luis Obispo	CA	93401	805-546-7979	PA	AC
Harkins, Gary	M.D.	1941 Johnson Avenue, Suite 201	San Luis Obispo	CA	93401	805-543-5577	ONG	CY
Harris, David	M.D.	336 S. Halcyon	Arroyo Grande	CA	93420	805-474-2600	IM	AC
Hawthorne, James	M.D.	77 Casa #202	San Luis Obispo	CA	93405	805-541-1111	U	AC
Hayashi, Edwin	M.D.	880 Oak Park, Suite 103	Arroyo Grande	CA	93420	546-0411	S	AC
Hayashi, Howard	M.D.	77 Casa #103	San Luis Obispo	CA	93405	805-546-0411	SPV	AC
Hendricks, Richard	M.D.	1050 Las Tablas Rd	Templeton	CA	93465	805-434-1836	OTO	CY
Herfler, Ernesto	M.D.	1057 Grand Ave	Arroyo Grande	CA	93420	805-481-7220	FP	AC
Herten, Jeffrey R.	M.D.	15 Santa Rosa	San Luis Obispo	CA	93401	805-541-2650	D	CN
Helzel, Robert J.	M.D.	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-541-3542	AN	CY
Higginbotham, Robert	M.D.	628 California Blvd D***	San Luis Obispo	CA	93401	805-545-8100	OPH	CN
Hirsch, Larry	M.D.	4555 El Camino Real	Atascadero	CA	93422	805-466-9001	OBG	CY
Hori, Gene	M.D.	148 Casa Street	San Luis Obispo	CA	93405	805-541-1492	U	AC
Hosn, Wally	M.D.	1250 Peach Street, Suite D	San Luis Obispo	CA	93401	805-541-0330	OPH	PROV
Hulburd, Christopher	M.D.	1104 Vine St. Suite A	San Luis Obispo	CA	93401	805-227-1477	OPH	CY
Humes, Marshall	D.D.S.	310 S. Halcyon, Suite 201	Paso Robles	CA	93446	805-227-1477	OMS	AC
Jacobsen, Eric J.	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	805-489-7600	OMS	AC
Jana, Hillel	M.D.	145 Bridge Street, Suite A	Arroyo Grande	CA	93420	805-473-7626	EM	AC
Jeyanadarajan, Sundara	M.D.	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-481-3166	PD	AC
Jobst, Steven	M.D.	3421 Empresa	San Luis Obispo	CA	93401	805-783-1020	AN	CY
Johnson, Gail	DPM	1551 Bishop Street, Suite 210	San Luis Obispo	CA	93401	805-541-6033	PA	AC
Johnson, George	M.D.	1304 Ella Street #A	San Luis Obispo	CA	93401	805-543-7788	POD	AC
Johnson, Steven	M.D.	628 California Ste C***	San Luis Obispo	CA	93401	805-541-1060	OBG	CY
Jones, Ernest	M.D.	336 S. Halcyon	Arroyo Grande	CA	93420	805-544-0102	OPH	CN
						805-473-6650	FP	AC

PHYSNAME	DEGREE	ADDRESS	CITY	STATE	ZIP	TEL	SPEC	STATUS
Karamitsos, Carol A.	M.D.	116 S. Palisade, Suite 208	Santa Maria	CA	93454	805-347-2100	OBG	CY
Keller, Eugene	M.D.	1911 Johnson Ave.	San Luis Obispo	CA	93401	805-542-6345	EM	AC
King, Henry	M.D.	11545 Los Osos Valley Road, Suite A5	San Luis Obispo	CA	93405	(805) 783-1020	AN	PROV
King, Nicolas A.	M.D.	345 S. Halcyon Road	Arroyo Grande	CA	93420	805-489-4261	ORS	PROV
Kissel, Phillip	M.D.	628 California Blvd. F ^{***}	San Luis Obispo	CA	93401	805-544-4455	NS	CY
Klosterman, Paul	M.D.	77 Casa, Suite 202	San Luis Obispo	CA	93405	805-541-1111	U	CY
Kolba, Karen	M.D.	607 E. Plaza Dr., Suite A	Santa Maria	CA	93454-6945	805-925-8899	RHU	CY
Kulick, Spencer	M.D.	77 Casa St. #104	San Luis Obispo	CA	93405	805-782-8844	CD	CN
Kundaria, Bhanji	M.D.	1505 S. Shepard #150	Santa Maria	CA	93454	805-922-6616	HEM	CY
Kuntze, Joseph	M.D.	77 Casa #202	San Luis Obispo	CA	93405	805-541-1111	U	CY
Kvalstad, Robert	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	805-473-7675	R	AC
Kwan, Walter P.	M.D.	12266 Walden Court	Saratoga	CA	95070	408-725-1677	IM	PROV
Lasiewski, Richard	D.O.	1775 Bee Canyon Rd.	Arroyo Grande	CA	93420	805-481-5356	R	HON
Lawrence, David	M.D.	3421 Empresa	San Luis Obispo	CA	93401	805-739-3171	PA	AC
Lawrence, Randolph	M.D.	1315 Las Tablas Road, Suite B	Templeton	CA	93465	805-434-0811	S	CY
Lee, Henry	M.D.	P.O. Box 544	San Luis Obispo	CA	93406	805-546-2876	N	CY
Levitan, Russ	M.D.	10 Santa Rosa, Suite 201	San Luis Obispo	CA	93405	805-544-7246	AN	CY
Lewis, Daniel	M.D.	1023 Pacific St.	San Luis Obispo	CA	93401	805-543-3350	ONCH	CY
Lickness, Danny	M.D.	100 Casa Ste B	San Luis Obispo	CA	93401	805-546-5831	OBG	CY
Limberg, Michael	M.D.	1270 Peach St. Ste 100	San Luis Obispo	CA	93401	805-541-1342	OPH	CY
Lubarsky, Laura	M.D.	1428 Phillips Lane, Suite 203	San Luis Obispo	CA	93401	805-543-4407	PUD	AC
Lundquist, Kurt F.	M.D.	P.O. Box 8139	San Luis Obispo	CA	93403	805-739-3171	PA	AC
Mahmood, Reshima	MD	354 South Halcyon Road, Suite B&C	Arroyo Grande	CA	93420	805-481-3652	IM	PROV
Mallur, Shreyas	M.D.	345 S. Halcyon Road	Arroyo Grande	CA	93420	805-489-4261	IM	PROV
Malotte, Michael	M.D.	268 S. Halcyon	Arroyo Grande	CA	93420	805-481-1368	OTO	AC
Martin, Richard J.	MD	1010 Murray Avenue, Suite 129	San Luis Obispo	CA	93405-1699	546-7965	PMR	CY
Mayer-Harnisch, Guenther	MD	1201 Old Oak Park Road	Arroyo Grande	CA	93420	805-489-4172	FP	HON
McDonnell, James	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	805-473-7625	EM	AC
McGhie, Robert	M.D.	1430 E. Main Street, Suite 102	Santa Maria	CA	93454	805-928-7951	OBG	AC
McKee, Paul J.	M.D.	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-783-1020	AN	CY
McLeod, Wilton A.	DO	345 S. Halcyon Road	Arroyo Grande	CA	93420	805-473-7626	EM	AC
McLeod, William	M.D.	628 California Blvd, Suite C	Arroyo Grande	CA	93401	805-544-0102	OPH	CY
Merrill, Craig A.	M.D.	310 S. Halcyon Road, Suite 102	Arroyo Grande	CA	93420	805-489-9600	OPH	CY
Messrobian, Garabed	M.D.	116 S. Palisade	Santa Maria	CA	93454	805-739-3900	OTO	CY
Molin, Lisa J.	MD	1551 Bishop, Bldg. B#260	San Luis Obispo	CA	93401	805-541-2368	OTO	CY
Morey Jr., Scott A.	MD	100 Casa Street, Suite D2	San Luis Obispo	CA	93405	805-541-4474	NEP	PROV
Mundorf, Jeffrey B.	M.D.	1551 Bishop Street, Suite 420	San Luis Obispo	CA	93401	805-549-0784	GE	AC
Nguyen, Dung A.	M.D.	100 Buckingham Drive, Suite 214	Santa Clara	CA	95051	805-481-1557	IM	PROV
Norman, Richard J.	DPM	405 Traffic Way, Suite B	Arroyo Grande	CA	93420	805-481-3900	POD	AC
O'Brien, C. W.	M.D.	P.O. Box 127	Pismo Beach	CA	93448	805-783-1020	S	HON
O'Neil Jr., Richard	MD	11545 Los Osos Valley Road	San Luis Obispo	CA	93405	805-739-3968	AN	PROV
Oates, Mary	M.D.	116 S. Palisade, Suite 200	Santa Maria	CA	93454	805-544-0102	PMR	CY
Oelker, Glenn	M.D.	628 California Blvd., Suite C	San Luis Obispo	CA	93401	805-541-1342	OPH	CY
Oldenburg, J. B.	M.D.	1270 Peach Street	San Luis Obispo	CA	93401	805-473-8983	OPH	CY
Palchak, David	M.D.	1184 Grand Ave	Arroyo Grande	CA	93420	805-473-8983	ONC	AC
Pawlik, Nancy	M.D.	628 California Blvd. Bldg. D #2	San Luis Obispo	CA	93401	805-783-7044	SPV	AC
Pedersen, Jac	DDS	620 California Blvd., Suite H	San Luis Obispo	CA	93401	805-544-8111	DN	CN

PHYSNAME	DEGREE	ADDRESS	CITY	STATE	ZIP	TEL	SPEC	STATUS
Ferrin, Timothy	M.D.	110 N. Halcyon	Arroyo Grande	CA	93420	805-489-2448	ORS	AC
Filtrowski, Anthony	M.D.	310 S. Halcyon, Suite 201	Arroyo Grande	CA	93420	805-489-7600	OMS	AC
Pollak, Richard G.	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	805-473-7626	EM	AC
Pontius, Steven	M.D.	77 Casa #104	San Luis Obispo	CA	93405	805-782-8844	CD	CY
Poon, Michael W.	MD	1105 Las Tablas Road, Suite A	Templeton	CA	93465	805-434-1408	U	PROV
Puro, David M.	MD	310 S. Halcyon, Suite 105	Arroyo Grande	CA	93420	805-481-8233	CD	AC
Ragsdale, Bruce	M.D.	3421 Empresa	San Luis Obispo	CA	93401	805-541-6033	PA	AC
Ramberg, Donald	M.D.	1035 Peach Street #301A	San Luis Obispo	CA	93401	805-543-6710	NS	CN
Richards, Joanne	M.D.	1304 Ella Street, #A	San Luis Obispo	CA	93401	805-541-1060	OBG	CY
Rocco, Monica A.	M.D.	525 E. Plaza Drive, Suite 204	Santa Maria	CA	93454	805-925-3030	S	PROV
Rocha, Ronald E.	M.D.	3421 Empresa	San Luis Obispo	CA	93401	805-542-6391	PA	AC
Rodgers, Vance D.	MD	1551 Bishop Street, Suite 510	San Luis Obispo	CA	93401	805-786-4563	IM	AC
Rowland, Dale	M.D.	1941 Johnson Ave #301	San Luis Obispo	CA	93401	805-549-0888	PDC	CY
Ruiz, David	M.D.	671 W. Tefft Street, Suite #13	Nipomo	CA	93444	805-474-2600 #2	FP	AC
Sada, Mark J.	M.D.	295 Posada Lane, #A	Templeton	CA	93465-9048	805-434-2262	CD	CY
Safarik, Randall H.	M.D.	336 South Halcyon	Arroyo Grande	CA	93420	805-473-7950	OBG	AC
Sarmiento, Graciela	M.D.	258 James Way	Arroyo Grande	CA	93420	805-474-0419	FP	AC
Schultz, Eric	M.D.	1428 Phillips Lane, Suite 203	San Luis Obispo	CA	93401	805-543-4407	PUD	AC
Segal, Harold	M.D.	140 Casa	San Luis Obispo	CA	93401	805-773-3380	NS	CY
Shea, Owen F.	M.D.	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-783-1020	AN	CY
Silverstein, Arthur	D.O.	691 Morro Ave	Morro Bay	CA	93442	805-772-1291	CD	CY
Skow, James	M.D.	1941 Johnson Ave., Suite 101	San Luis Obispo	CA	93401	805-541-6037	TS	CY
Smelser, Scott R.	M.D.	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-783-1020	AN	CY
Smith, Edward	M.D.	426 E. Barcellus #202	Santa Maria	CA	93454	805-922-8346	N	CY
Smith-Arizmendi, Ronald	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	805-773-6556	AN	AC
Soli, Mark	M.D.	1428 Phillips Lane, Suite 203	San Luis Obispo	CA	93401	805-543-4407	PUD	AC
Spencer, Wanda J.	M.D.	801 E. Chapel Street, Suite 2	Santa Maria	CA	93454	922-9600	ONC	PROV
Spillane, Thomas J.	MD	1941 Johnson Avenue, Suite 201	San Luis Obispo	CA	93401	805-546-5668	ONC	PROV
Stella, Jonathan	M.D.	100 Casa, C-2	San Luis Obispo	CA	93401	805-541-1932	ONCR	CN
Stern, Diane	M.D.	427 Plomo Court	Arroyo Grande	CA	93420		IM	HON
Stewart, Robert	M.D.	1551 Bishop Street, #260	San Luis Obispo	CA	93401	805-541-2368	OTO	CY
Strasen, K. M.	M.D.	292 Posada Lane, Suite C	Templeton	CA	93465	805-434-3133	S	CY
Sun, Andrew	M.D.	345 S. Halcyon	Arroyo Grande	CA	93420	805-473-7656	AN	AC
Thom, Peter	M.D.	405-A Traffic Way	Arroyo Grande	CA	93420	805-481-4202	CD	AC
Thornton, James	M.D.	77 Casa St., Suite 203	San Luis Obispo	CA	93405	805-544-6471	PLS	CY
Tidik, Stephen	M.D.	77 Casa St., Suite 103	San Luis Obispo	CA	93405	805-544-8993	SPV	AC
Tomney, Ann Marie	M.D.	855 4th Street	Pismo Beach	CA	93449	805-773-7230	OBG	CY
Tway, Kenneth	M.D.	1106 Pacific	San Luis Obispo	CA	93401	805-546-9500	CD	AC
Ungos, Erwina Q.	DO	345 S. Halcyon Road	Arroyo Grande	CA	93420		EM	PROV
Vendegna, Thomas R.	M.D.	1428 Phillips Lane, Suite 203	San Luis Obispo	CA	93401	805-543-4407	PUD	AC
Vest, Jerrold	M.D.	1975 Corbett Highlands Pk	Arroyo Grande	CA	93420	805-481-1834	AN	AC
Voge, Christian	M.D.	P.O. Box 211	Arroyo Grande	CA	93421		FP	AC
Vogler, Elizabeth	M.D.	P.O. Box 489	Templeton	CA	93465	434-1491	R	PROV
Von Dollen, Lawrence	M.D.	295 Posada Lane, #A	Templeton	CA	93465	805-434-2262	CD	CY
Wallack, Alice	M.D.	336 S. Halcyon	Arroyo Grande	CA	93420	805-474-2600	IM	AC
Watson, William	M.D.	1035 Peach St. #301	San Luis Obispo	CA	93401	805-545-5665	OTO	CY
Weise, Marc W.	M.D.	1300 E. Cypress, Suite D	Santa Maria	CA	93454	805-346-2646	ORS	AC

PHYSNAME	DEGREE	ADDRESS	CITY	STATE	ZIP	TEL	SPEC	STATUS
Weiss, Bennett T.	M.D.	11545 Los Osos Valley Road, Suite A-5	San Luis Obispo	CA	93405	805-783-1020	AN	AC
Whitcher, Bruce	DDS	990 Boysen Avenue	San Luis Obispo	CA	93401	805-541-3220	OMS	CY
Whitehead, Richard	M.D.	1282 Branch Mills Road	Arroyo Grande	CA	93420		N	AC
Wikholm, Richard	M.D.	116 S. Palisade, Suite 2D	Santa Maria	CA	93454	805-739-3990	OTO	CY
Zieger, Carsten	D.O.	345 S. Halcyon	Arroyo Grande	CA	93420	805-473-7626	EM	AC
Zigelman, Michael	M.D.	189 Vista Drive	Arroyo Grande	CA	93420	805-489-9040	IM	HON
Ziomek, John	DPM	145 S. Halcyon	Arroyo Grande	CA	93420	805-481-9100	POD	AC
de Vera, Joseph M.	MD	1005 Eastridge Drive	Modesto	CA	95355	805-780-4433	IM	PROV

CRM 1/16/03

Class	Family	First Name	Last Name	Prof. Suffix	Street	Address	Phone	Specialty	Department	Category
Akmaljian	H	Jack		MD	6800 Brockton Ave	Riverside, CA 92506	(909) 683-8000	Orthopaedic Surgery	Surgery	Courtesy
Albright	W	Eugene		MD	4000 14th Street, #314	Riverside, CA 92501	(909) 781-8000	Obstetrics and Gynecology	Ob/Gyn	Active w/Monitoring
Amin	N	Jatin		MD	8990 Garfield #9	Riverside, CA 92503	(909) 688-8000	Cardiology	Medicine	Active
Antonisianis	N	Michael		MD	8990 Garfield Street, #9	Riverside, CA 92503	(909) 688-8000	IM /Cardiology	Medicine	Provisional
Ardigo	J	Gregory		MD	36743 Inland Valley #40	Wildomar, CA 92595	(909) 600-8000	Gastroenterology	Medicine	Active w/Monitoring
Ardilla	A	Edgar		MD	854 Magnolia Avenue #201	Corona, CA 92879	(909) 734-8000	Pulmonary Disease	Medicine	Active
Arnow	S	Daniel		MD	3975 Jackson St., Ste. 208	Riverside	(909) 354-8000	Internal Medicine	Medicine	Provisional
Aroia	P	Maninder		MD	770 Magnolia Avenue #1H	Corona, CA 92879	(909) 371-8000	Neurology	Medicine	Active
Azila	R	Fadia		MD	770 Magnolia Ave. #2J	Corona, CA 92879	(909) 734-8000	Internal Medicine	Medicine	Active
Allia	F	Amin		MD	770 Magnolia Ave., #2J	Corona, CA 92879	(909) 549-8000	Internal Medicine	Medicine	Active
Azar	W	Naser		MD	1820 Fullerton Ave., #140	Corona, CA 92881	9900	General Practice	Practice	Courtesy
Badr	U	Ahmed		MD	161 McKinley St	Corona, CA 92879	(909) 653-8000	Pulmonology	Medicine	Provisional
Bajwa	U	Saif		MD	31739 Riverside Dr. #A	Lake Elsinore, CA 92530	(909) 674-8000	Internal Medicine	Medicine	Active
Baktyul	D	Michael		MD	800 Magnolia Avenue, #114	Corona, CA	8905	Family Practice	Practice	Provisional
Banzuela	G	Cresencia		MD	900 S. Main St., #205	Corona, CA 92882	(909) 272-8000	Pediatrics - General	Pediatrics	Active
Baleman	G	Charlene		MD	222 West 6th Street	Corona, CA 92882	2063	Family Practice	Practice	Active
Bauer	E	Dorothy		DPM	4843 Arlington Avenue	Riverside, CA 92504	(909) 781-8000	Podiatry	Surgery	Active
Baum	L	Bradley		MD	802 Magnolia Ave., #106	Corona, CA 92879	(909) 735-8000	Orthopaedic Surgery	Surgery	Active w/Monitoring
Bear	B	Michael		MD	800 South Main St	Corona, CA 92882	4343	Emergency Medicine	Med	Active
Berkley	K	Hugh		PA	760 S. Washburn Ave.	Corona, CA 92882	(909) 808-8000	Physician's Assistant - ER	Med	Allied Health
Berry	K	Ravi		MD	3660 Arlington Ave	Riverside, CA 92506	(909) 782-8000	Pediatric Gastroenterology	Pediatrics	Consulting
Barger	W	Rodney		MD	800 South Main Street, ER	Corona, CA 92882	(909) 737-8000	Emergency Medicine	Med	Courtesy
Boutros	B	Raja		MD	25485 Medical Center Dr., #208	Murrieta, CA 92562	4343	Neurology	Emergency	Courtesy
Boyd	B	James		MD	800 South Main Street ER	Corona, CA 92882	(909) 696-8000	Emergency Medicine	Med	Active
Brand	R	Michael		MD	2555 East Chapman Avenue	Fullerton, CA 92831	4343	Radiology	Medicine	Active
Brandstaler	E	Murray		MD	11234 Anderson St. Rm A237	Loma Linda, CA 92354	(909) 558-8000	Physical Medicine/Rehabilitation	Medicine	Courtesy
Carli	S	Harbinder		MD	4000 14th street, #310	Riverside, CA 92501	4009	Maternal and Fetal Medicine	Ob/Gyn	Courtesy
Braunstein	B	John		MD	2555 E. Chapman Ave., #500	Fullerton, CA 92831	(714) 871-8000	Radiology	Medicine	Courtesy
Brown	M	Scott		PA	800 S. Main Street ER	Corona, CA 92882	(909) 737-8000	Physician's Assistant - ER	Med	Allied Health
Brown	V	John		MD	351 Hospital Rd., #507	Newport Beach, CA 92763	4343	Gynecological Oncology	Ob/Gyn	Courtesy
Brummond	W	Jonathan		PA	800 S. Main Street	Corona, CA 92882	4343	Physician's Assistant - ER	Med	Allied Health
Buchan	J	Michael		MD	6969 Brockton Ave., #B	Riverside, CA 92506	(909) 686-8000	Anesthesiology	Surgery	Provisional
Caballero	M	Daniel		PA	800 South Main Street ER	Corona, CA 92882	4343	Physician's Assistant - ER	Med	Allied Health
Calvy	M	Thomas		MD	2555 E. Chapman Ave., #500	Fullerton, CA 92831	(714) 871-8000	Radiology	Medicine	Courtesy
Carli	M	Alexander		MD	10694 Magnolia Avenue	Riverside, CA 92505	(909) 688-8000	Plastic Surgery	Surgery	Active w/Monitoring
Carstens	A	Herman		MD	900 South Main Street #102	Corona, CA 92882	(909) 736-8000	Obstetrics and Gynecology	Ob/Gyn	Active w/Monitoring
Casey	A	Douglas		MD	2555 E. Chapman Avenue, #500	Fullerton, CA 9831	(714) 871-8000	Radiology	Medicine	Provisional
Chau	T	Louis		MD	800 South Main Street, ER	Corona, CA 92882	4343	Emergency Medicine	Med	Active
Chilcis	R	Donald		MD	9041 Magnolia Ave.	Riverside, CA 92503	(909) 687-8000	Pediatric Endocrinology	Pediatrics	Courtesy
Chin	S	Michael		MD	1902 Fullerton Avenue, 1st Floor	Corona, CA 92881	(909) 278-8000	General Vascular Surgery	Surgery	Active
Choi	S	David		MD	129 W. 8th Street	Corona, CA 92882	(909) 736-8000	Ophthalmology	Surgery	Provisional
Chopra	B	Rakesh		MD	3975 Jackson St. #206	Riverside, CA 92503	(909) 353-8000	Gastroenterology	Medicine	Active /monitoring
Chundra	B	Sai		MD	770 Magnolia Avenue #1F	Corona, CA 92879	(909) 737-8000	Psychiatry	Medicine	Active
Chung	D	Benjamin		MD	4500 Brockton Avenue, Ste. 319	Riverside, CA 92501	(909) 321-8000	Gastroenterology	Medicine	Active
Clank	E	Lawrence		MD	4000 Fourteenth St., #302	Riverside, CA 92501	(909) 682-8000	Neurological Surgery	Surgery	Consulting

Cochran	D	Jack	MD	760 Washburn Avenue #10	Corona, CA 92882	(909) 737- (909) 737- 1454	Internal Medicine	Medicine Family	Active w/Monitoring
Compton	C	Alan	MD	760 Magnolia Avenue #B-2	Corona, CA 92879	(909) 736- (909) 736- 1454	Family Practice	Practice	Active
Cordero	S	Raymund	MD	800 Magnolia Avenue, Ste. 107	Corona, CA 92879	(909) 736- (909) 736- 1454	General Surgery	Surgery	Active w/Monitoring
Cowan	W	John	PA	770 Magnolia Avenue #1-C	Corona, CA 92879	(909) 693- (909) 693- 1454	PA Surgical First Assist	Surgery	Allied Health
Crane	R	Lisa	MD	760 S. Washburn Ave. #2	Corona, CA 92882	(909) 735- (909) 735- 1454	Obstetrics and Gynecology	Ob/Gyn	Active
Cross	L	Michael	MD	770 Magnolia Avenue #1-C	Corona, CA 92879	(909) 273- (909) 273- 1454	General Surgery	Surgery	Active w/Monitoring
Cross	M	Lorne	MD	8969 Brockton Ave. #B	Riverside, CA 92506	(909) 686- (909) 686- 1454	Anesthesiology	Surgery	Active w/Monitoring
Dada	B	Festus	MD	800 Magnolia Avenue, Ste. 107	Corona, CA 92879	(909) 736- (909) 736- 1454	General Surgery	Surgery	Active w/Monitoring
Davidian	L	James	MD	1820 Fullerton Avenue #310	Corona, CA 92881-3175	(909) 734- (909) 734- 1454	Ophthalmology	Surgery	Active
De Guzman	A	Rosalie	MD	1820 Fullerton Avenue #270	Corona, CA 92881	(909) 270- (909) 270- 1454	Pediatrics - General	Pediatrics	Active
De Haas	D	David	MD	800 S. Main Street - ER	Corona, CA 92882	4343 (909) 737- (909) 737- 1454	Emergency Medicine	Med Emergency	Courtesy
Dean	D	Ralph	MD	222 West 6th Street	Corona, CA 92882	(909) 734- (909) 734- 1454	Family Practice	Family	Active
Del Campo	MD	Carlos	MD	301 West Basilechury #195	Fullerton, CA 92835	7114 416- (909) 735- (909) 735- 1454	Cardiac/Cardiovascular Surgery	Surgery	Active w/Monitoring
DeMagno	J	Elizabeth	MD	3865 Jackson Street - NICU	Riverside, CA 92503	(909) 352- (909) 352- 1454	Neonatology	Pediatrics	Active w/Monitoring
DeMatita	S	Joseph	PA	800 South Main Street ER	Corona, CA 92882	(909) 737- (909) 737- 1454	Physician's Assistant - ER	Med	Allied Health
Deshmukh	V	Sanjay	MD	900 S. Main Street, #204	Corona, CA 92882	(909) 737- (909) 737- 1454	Physical Medicine/Rehabilitation	Medicine	Active w/Monitoring
Deshmukh	B	Subhash	MD	770 Magnolia Ave., #2H	Corona, CA 92879	(909) 735- (909) 735- 1454	Internal Medicine	Medicine	Active
Deshmukh	S	Suhasini	MD	770 Magnolia Avenue #2-H	Corona, CA 92879	(909) 735- (909) 735- 1454	Internal Medicine	Medicine	Active
DeSilva	A	James	DPM	817 Main Street #A	Corona, CA 92882	(909) 737- (909) 737- 1454	Pediatrics	Surgery	Courtesy
Deville	M	Steven	MD	830 Magnolia Avenue	Corona, CA 92879	(909) 493- (909) 493- 1454	Pediatrics - General	Pediatrics	Active
Diannid	B	Richard	MD	419 Main Street, #4	Huntington Beach, CA 92648	(714) 625- (909) 688- (909) 688- 1454	Endocrinology	Surgery	Provisional
Diaz	C	Tarciso	MD	9041 Magnolia Ave., #103	Riverside, CA 92503	(909) 688- (909) 688- 1454	Endocrinology	Medicine	Active w/Monitoring
Doquet	W	Stephen	MD	14642 Newport Ave.	Tustin, CA 92780	(714) 569- (909) 736- (909) 736- 1454	Radiation Oncology	Medicine	Courtesy
D'Silva	M	Yvonne	MD	770 Magnolia Avenue #2-A	Corona, CA 92879	(909) 736- (909) 736- 1454	Pediatrics - General	Pediatrics	Active
Efron	M	Allan	MD	8800 Lincoln Avenue, Ste. 203	Buena Park, CA 90620	(714) 527- (909) 506- (909) 506- 1454	Gastroenterology	Medicine	Provisional
Erlenberg	J	Brian	MD	28999 Old Town Front Street	Temecula, CA 92590	(909) 735- (909) 735- 1454	Plastic Surgery	Surgery	Active w/Monitoring
Eneruwa	E	Iheanacho	MD	760 South Washburn Avenue #26	Corona, CA 92882	(909) 371- (909) 371- 1454	Obstetrics and Gynecology	Ob/Gyn	Active
Eng	T	Thomas	MD	770 Magnolia Avenue #1-H	Corona, CA 92879-3121	(909) 371- (909) 371- 1454	Neurology	Medicine	Active
Essen	E	Francis	MD	802 Magnolia Avenue, Ste. 203	Corona, CA 92879	(909) 736- (909) 736- 1454	General Surgery	Surgery	Provisional
Evans	E	Richard	DPM	36243 Inland Valley, #30	Wildomar, CA 92595	(909) 588- (909) 588- 1454	Podiatry	Surgery	Courtesy
Foley	F	Pamela	PHD	42145 Lyndie Lane, #108	Temecula, CA 92590	(909) 302- (909) 302- 1454	Clinical Psychology	Medicine	Active
Furlan	A	Edward	MD	803 Magnolia Avenue	Corona, CA 92879	(310) 544- (909) 686- (909) 686- 1454	Pediatrics - General	Pediatrics	Provisional
Gabriel	D	Jeffrey	MD	30127 Avenida Tranquila	Rancho Palos Verdes, CA 90275	(909) 686- (909) 686- 1454	Radiology	Medicine	Courtesy
Galland	C	Michael	MD	6969 Brockton Ave. #B	Riverside, CA 92506	(760) 416- (909) 352- (909) 352- 1454	Anesthesiology	Surgery	Active w/Monitoring
Geiger	H	Mark	MD	770 Magnolia Avenue 1D	Corona, CA 92879	(909) 734- (909) 734- 1454	Orthopaedic Surgery	Ob/Gyn	Active
Genesen	C	Bahaa	MD	1180 N. Indian Canyon E218	Palm Springs, CA 92262	(760) 416- (909) 352- (909) 352- 1454	Gynecological Oncology	Medicine	Provisional
Gigis	B	Imna	MD	3975 Jackson Street #208	Riverside, CA 92503	(310) 271- (714) 871- (714) 871- 1454	Internal Medicine	Pediatrics	Provisional
Godes	J	Sam	MD	830 Magnolia Ave.	Corona, CA 92879	(909) 352- (909) 352- 1454	Ophthalmology	Pediatrics	Provisional
Goldberger	J	Craig	MD	120 S. Spalding Dr., #330	Beverly Hills, CA 90212	(310) 271- (714) 871- (714) 871- 1454	Ophthalmology	Medicine	Courtesy
Gomborg	J	Craig	MD	2555 E. Chapman Ave., #500	Fullerton, CA 92831	(909) 343- (909) 343- 1454	Radiology	Medicine	Courtesy
Gomez	C	Guillermo	MD	9939 Magnolia Avenue	Riverside, CA	2254 (909) 736- (909) 736- 1454	Family Practice	Family	Provisional
Gorski	F	Yara	MD	800 Magnolia Avenue, Ste. 107	Corona, CA 92879	(909) 736- (909) 736- 1454	General Vascular Surgery	Surgery	Active
Gorski	J	Tito	MD	800 Magnolia Avenue, Ste. 107	Corona, CA 92879	(909) 736- (909) 736- 1454	Colon/Rectal Surgery	Surgery	Active
Goss	J	Gary	MD	2555 E. Chapman Ave., #500	Fullerton, CA 92831	(714) 871- (909) 686- (909) 686- 1454	Radiology	Medicine	Courtesy
Groewick	S	Jay	DO	6969 Brockton Avenue, #B	Riverside, CA 925068	(909) 354- (909) 354- 1454	Anesthesiology	Surgery	Active
Gray	P	Imothy	MD	3836 Sherman Drive #2	Riverside, CA 92503	(909) 735- (909) 735- 1454	Orthopaedic Surgery	Surgery	Courtesy
Greek	V	Carl	MD	802 Magnolia Ave., #206	Corona, CA 92879	(909) 735- (909) 735- 1454	Otolaryngology	Surgery	Active w/Monitoring
Gunnoe	E	Charles	MD	720 Magnolia Avenue #B-1	Corona, CA 92879	1712 (909) 737- (909) 737- 1454	Family Practice	Family	Active
Gupta	C	Ramesh	MD	760 Washburn Ave., #7	Corona, CA 92882	(909) 734- (909) 734- 1454	No Privileges	Medicine	Honorary
Gupta	C	Mahesh	MD	720 South Ramona Avenue #103	Corona, CA 92882	(909) 734- (909) 734- 1454	Hematology and Oncology	Medicine	Active
Ilgan	M	M. Philip	MD	800 S. Main Street	Corona, CA 92407	4343 (909) 737- (909) 737- 1454	Internal Medicine	Medicine	Active
Iarris	M	Marcus	MD	800 S. Main Street	Corona, CA 92407	4343 (909) 737- (909) 737- 1454	Physician Assistant - ER	Med	Allied Health Professional

Harris	Elaine	MFCC	802 Magnolia Ave., #207	Corona, CA 92879	(909) 272-4343	Marriage/Family Counselor	Allied Health
Henry	Theresa	PA	800 South Main Street ER	Corona, CA 92882	(909) 737-1014	Physician's Assistant - ER	Allied Health
Hicks	Calvin	MD	770 Magnolia Ave., #2-K	Corona, CA 92879	(909) 278-0909	Family Practice	Courtesy
Hirst	David	MD	6969 Brockton Ave. #B	Riverside, CA 92506	(909) 686-8927	Anesthesiology	Active
Ho	Taylor	MD	6927 Brockton Avenue, Ste. 1A	Riverside, CA 92506	(909) 276-9099	General Surgery	Provisional
Holt	Todd	PA	800 South Main Street ER	Corona, CA 92882	(909) 737-4343	Physician's Assistant - ER	Allied Health
Houman	Bruce	MD	1820 Fullerton Avenue #260	Corona, CA 92881	(909) 735-3624	Gastroenterology	Active
Hurwitz	Lawrence	MD	36243 Inland Valley Drive	Wildomar, CA 92595	(909) 600-4000	Neurology	Provisional
Ibrahim	Waaseem	MD	4000 14th Street, Ste. 408	Riverside, CA 92501	(909) 788-770	Allergy/Immunology	Provisional
Iqbal	Shams	MD	770 Magnolia Avenue, #2C	Corona, CA 92879	(909) 736-802	Ophthalmology	Active
Israel	Morton	MD	802 Magnolia Avenue #205	Corona, CA 92879	(909) 734-900	Obstetrics and Gynecology	Active w/monitoring
Iyer	Rajini	MD	900 South Main Street #209	Corona, CA 92882	(909) 279-3101	Radiology	Courtesy
Jackson	David	MD	30127 Avenida Tranquila	Rancho Palos Verdes, CA 90275	(310) 547-909	Dermatology	Consulting
Jacobs	Randolph	MD	27640 Encanto Drive	Sun City, CA 92586	(909) 676-909	Medical Oncology	Active
Jhangediani	Hareesh	MD	900 S. Main Street, #202	Corona, CA 92882	(909) 371-770	Orthopaedic Surgery	Leave of Absence
Johnson	D. Robert	MD	770 Magnolia Ave.	Corona, CA 92879	(909) 340-760	Obstetrics and Gynecology	Active
Johnson	Kathleen	MD	760 South Washburn Avenue #26	Corona, CA 92882	(909) 735-1820	General Vascular Surgery	Active w/Monitoring
Kaiser	John	MD	1820 Fullerton Avenue	Corona, CA 92881	(909) 371-1237	Anesthesiology	Active
Kalaitzis	Christos	MD	12373 Lewis St. #102	Garden Grove, CA 92640	(714) 748-909	Psychiatry	Active
Kalanfa	Purshoham	MD	900 South Main Street #110	Corona, CA 92882	(909) 736-800	Podiatry	Active w/monitoring
Kalra	Jeffrey	DFM	800 Magnolia #106	Corona, CA 92879	(909) 735-1123	Physical Medicine/Rehabilitation	Active
Kaflaya	Divakara	MD	11234 Anderson Street PM&R Department	Loma Linda, CA 92354	(909) 598-4009	Nephrology	Provisional
Khalil	Faher	MD	4361 Latham Street #150	Riverside, CA 92501	(909) 274-1800	Psychiatry	Active w/Monitoring
Kikani	Dhyankant	MD	1800 N. Western Ave. #404	San Bernardino, CA 92411	(909) 887-909	Oral/Maxillofacial Surgery	Courtesy
Kilkuts	Ailthir	DMD	914 s. Washburn Ave., #3	Corona, CA 92882	(909) 736-4343	Emergency Medicine	Courtesy
Kim	Steven	MD	800 South Main Street - ER	Corona, CA 92882	(909) 737-909	Radiation Oncology	Active
Kim	Neung	MD	900 South Main Street #111	Corona, CA 92882	(909) 413-9200	Physical Medicine/Rehabilitation	Courtesy
Kim	Jiensup	MD	6276 River Crest Drive, Ste. A	Riverside, CA 92507	(909) 734-2063	Family Practice	Provisional
Kim	Karen	DO	222 W. Sixth St.	Corona, CA 92882	(909) 696-714	Neurology	Provisional
Kim	Peter	MD	25485 Medical Center Dr.	Murrieta, CA 92562	(909) 696-714	Radiology	Courtesy
Kirby	John	D.O	2555 E. Chapman Avenue #500	Fullerton, CA 92831	(714) 871-310	Radiology	Courtesy
Klein	Michael	MD	30127 Avenida Tranquila	Rancho Palos Verdes, CA 90275	(310) 541-909	Clinical Social Worker	Allied Health
Kleszewski	Susan	LC-SW	1128 East 6th Street #6	Corona, CA 92879	(909) 734-909	Obstetrics and Gynecology	Active
Koning	Lawrence	MD	900 South Main Street #209	Corona, CA 92882	(909) 371-909	Family Practice	Active
Koning	John	MD	900 South Main Street #209	Corona, CA 92882	(909) 371-0844	Obstetrics and Gynecology	Active
Koo	Choon	MD	760 South Washburn #3-A	Corona, CA 92882	(909) 734-909	Cardiology	Leave of Absence
Kramer	David	MD	8990 Garfield #9	Riverside, CA 92503	(909) 688-909	Cardiology	Courtesy
Kumar	Sudarshan	MD	770 Magnolia Avenue #1-G	Redlands, CA 92373	(909) 737-909	Psychiatry	Courtesy
Kurrie	Rajababu	MD	710 Brookside, #7	Redlands, CA 92373	(909) 737-909	Neurology	Provisional
Labib	Sameh	MD	4000 14th Street, Ste. 408	Riverside, CA 92501	(909) 788-9211	Family Practice	Provisional
Lacera	Jacqueline	MD	1820 Fullerton Ave., #340	Corona, CA 92879	(909) 735-9211	General Surgery	Provisional
Lara	Gustavo	MD	6927 Brockton Avenue, Ste. 1A	Riverside, CA 92506	(909) 276-909	General Surgery	Provisional
Lee	Moon	MD	900 S. Main Street, #207	Corona, CA 92882	(909) 734-909	Internal Medicine	Active
Lee	Deborah	MD	1820 Fullerton Ave., #340	Corona, CA 92881	(909) 735-909	Nephrology	Courtesy
Lee	Joseph	MD	4361 Latham St., #150	Riverside, CA 92501	(909) 274-714	Radiology	Provisional
Lee	Thomas	MD	2555 E. Chapman Ave., #500	Fullerton, CA 92831	(714) 871-909	Neonatology	Active
Leifer	Marc	MD	3865 Jackson Street	Riverside, CA 92503	(909) 352-909	Internal Medicine	Provisional
Leong	Jasmine	MD	800 Magnolia Ave., #105	Corona, CA 92879	(909) 817-909	Infectious Disease	Provisional
Liquete	John	MD	6485 Day Street, #102	Riverside, CA 92507	(909) 697-909	Dentistry	Active
Lowe	Carolina	DDS	805 Magnolia Ave., #105	Corona, CA 92879	(909) 371-909	Dentistry	Courtesy

Portwood	John	3838 Sherman Drive, Ste 2	Riverside, CA 92503	(909) 354-	Orthopaedic Surgery	Surgery	Provisional
Prakash	Anand	770 Magnolia Avenue #2D	Corona, CA 92879	(909) 734-	Neurology	Medicine	Active
Prakash	Mithlesh	770 Magnolia Ave., #2-D	Corona, CA 92879	(909) 734-	No Privileges	Medicine	Active
Price	Edison	802 Magnolia Ave., #209	Corona, CA 92879	(909) 734-	Plastic Surgery	Surgery	Honorary
Quale	Maria	830 Magnolia Avenue	Corona, CA 92882	(909) 493-	Internal Medicine	Medicine	Provisional
Quismorio	Demetrio	8800 Brockton Avenue	Riverside, CA 92506	(909) 683-	PA Surgical First Assist	Surgery	Allied Health
Rahming	Wilcolte	770 Magnolia Avenue #1-A	Corona, CA 92879	(909) 736-	Gastroenterology	Medicine	Active
Ranch	Kilcha	2101 Webster Street #1700	Oakland, CA 94612	(510) 832-	Emergency Medicine	Emergency	Active
Rao	Narakanit	760 S. Washburn Ave., #7	Corona, CA 92882	6400	Internal Medicine	Medicine	Active
Rasmussen	Thomas	6869 Brockton Avenue, Ste B	Riverside, CA 92506	(909) 735-	Anesthesiology	Surgery	Provisional
				(909) 866-		Emergency	
				(909) 737-			
				4343	Physician's Assistant - ER	Med	Allied Health
Reld	Craig	800 South Main Street, ER	Corona, CA 92882	(909) 735-	Dentistry	Surgery	Courtesy
Rentschler	Lionel	800 S. Main Street, #2820	Corona, CA 92882	(909) 735-	Gynecological Oncology	Ob/Gyn	Courtesy
Rettenmaier	Mark	351 Hospital Rd., #507	Newport Beach, CA 92663	(949) 642-	Hematology/Oncology	Medicine	Provisional
Reyes	Evangelina	11190 Vainer Ave., #300	Fountain Valley, CA 92708	(714) 751-	Nephrology	Medicine	Courtesy
Robertson	John	4361 Latham St	Riverside, CA 92501	(909) 736-	RN First Assistant	Surgery	Allied Health
Robinson	Kaylela	PO Box 20317	Riverside, CA 92506	(909) 800-	Anesthesiology	Surgery	Active w/Monitoring
Robinson	Lawrence	6869 Brockton Ave., #B	Riverside, CA 92506	(909) 866-	Nephrology	Medicine	Active w/Monitoring
Roh	Daeyoung	4361 Latham St., #150	Riverside, CA 92501	(909) 274-	Radiology	Medicine	Courtesy
Roubal	Ivan	30127 Avenida Tranquila	Rancho Palos Verdes, CA 90275	(310) 541-	Orthopaedic Surgery	Surgery	Active
Rouhe	Richard	802 Magnolia Avenue #106	Corona, CA 92879	(909) 735-	Podiatry	Surgery	Active w/Monitoring
Rowley	Quinten	8110 Mango Ave., #102	Fontana, CA 92335	(909) 350-	Gastroenterology	Medicine	Active
Roy	James	900 S. Main St., #201	Corona, CA 92882	(909) 734-	Otolaryngology	Surgery	Courtesy
Ruiz	Richard	910 E. Ohio Ave., #204	Escondido, CA 92025	(760) 747-	Internal Medicine	Medicine	Provisional
Ruiz	Vikram	800 S. Main St	Corona, CA 92882	(909) 737-	General Surgery	Surgery	Active
Sahay	Terry	770 Magnolia Ave., #2-G	Corona, CA 92879	(909) 371-	Anesthesiology	Surgery	Active
Sanderfer	Ian	800 South Main Street, OR	Corona, CA 92882	(909) 737-	Internal Medicine	Medicine	Active
Sandy	F.	770 Magnolia Ave., #7F	Corona, CA 92882	(909) 549-	Pulmonary Disease	Medicine	Active
Sasla	S.	760 S. Washburn Ave., #1	Corona, CA 92882	(909) 734-	Ophthalmology	Surgery	Active w/Monitoring
Schmusselberg	E.	1124 S. Main Street, #101	Corona, CA 92882	(909) 302-	Allied Health Professional	Surgery	Active
Schneider	Edward	43696 Ortona Street	Temecula, CA 92592	(909) 302-	Emergency Medicine	Emergency	Active
Seidman	Scott	800 S. Main Street	Corona, CA 92882	(909) 736-	Emergency Medicine	Med	Active
Sequetra	Michael			6241	Family	Family	Courtesy
Shah	Bhagvandas	770 Magnolia Ave., #1K	Corona, CA 92879	(909) 738-	Family Practice	Practice	Active
Shahin	Mohammad	830 Magnolia Avenue	Corona, CA 92882	0303	Internal Medicine	Medicine	Provisional
Shepard	Eric	802 Magnolia Avenue #200	Corona, CA 92879	(909) 493-	Urology	Surgery	Active
Shoji	Hironu	3838 Sherman Dr., #2	Riverside, CA 92503	(909) 734-	Orthopaedic Surgery	Surgery	Courtesy
Shokoh	Shafiqeh	42131 Aherm Court	Tustin, CA 92782	(909) 354-	Cardiology	Medicine	Provisional
Shoroye	Adevynka	8990 Garfield St., #11	Riverside, CA 92503	(909) 689-	Pediatrics - General	Pediatrics	Courtesy
Shuman	Richard	1115 South Washburn Ave	Corona, CA 92882	(909) 734-	Anesthesiology	Surgery	Active w/Monitoring
Silva	Antonio	730 Magnolia Avenue #A-4	Corona, CA 91719	(909) 737-	General Surgery	Surgery	Active
Silva	Walter	760 S. Washburn Avenue #10	Corona, CA 92882	(909) 737-	Internal Medicine	Medicine	Active
Sivapalan	Shakami	3975 Jackson St., #103	Riverside, CA 92503	(909) 352-	Internal Medicine	Medicine	Active
Stanley	Frank	800 South Main Street, ER	Corona, CA 92882	(909) 737-	Physician's Assistant - ER	Emergency	Allied Health
Strum	Scott	11234 Anderson Street	Loma Linda, CA	4343	Physical Medicine & Rehab	Med	Provisional
Suh	David	800 Magnolia Avenue, Ste 107	Corona, CA 92879	(909) 558-	General Surgery	Surgery	Active
Sun	Chiao-Huang	1820 Fullerton Ave., #190	Corona, CA 92881	(909) 736-	Nephrology	Medicine	Courtesy
Tagle	James	2555 E. Chapman Ave., #500	Fullerton, CA 92831	(714) 871-	Radiology	Medicine	Active
Talati	Rohin	1157 W. Grand Avenue	Corona, CA 92882	(909) 737-	No Privileges	Family	Affiliate
Tarin	Vilavvan	900 South Main Street #108	Corona, CA 92882	1000	Pediatrics - General	Practice	Active
Tejara	Kaneyalal	760 S. Washburn Avenue #20	Corona, CA 92882	(909) 734-	Pediatrics - General	Pediatrics	Active
Thio	Andrew	41011 California Oaks Rd	Murrieta, CA 92562	(909) 600-	Pain Management	Surgery	Active
Thiruvengada	Ravi	770 Magnolia Avenue #2-H	Corona, CA 92879	(909) 735-	Gastroenterology	Surgery	Active
Troma	Ghassan	802 Magnolia Avenue, #106	Corona, CA 92879	(909) 735-	Orthopaedic Surgery	Medicine	Active w/Monitoring
Tsai	Isaac	770 Magnolia Ave., #1E	Corona, CA 92879	(909) 735-	Cardiology	Medicine	Active
Tsi	Sy	1820 Fullerton Ave., #260	Corona, CA 92879	(909) 735-	Urology	Surgery	Active w/Monitoring



FAX

To: KIRAN SETHI From: Wayne C. Allen, CFO
 Fax: 310 557-8475 Date: 1-16-03
 Re: FRENCH MED STAFF ROSTER Pages w/Cover: 29

Per Discussion FYI & FILES Please Review & Comment

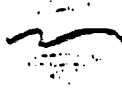
Message: HERE IT IS

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Arroyo Grande Community Hospital
 345 S. Halycon Road
 Arroyo Grande, CA. 93420
 Email: wallen@agfn.org

Phone #: (805) 473-7673
 Finance Fax #: (805) 473-7669


FRENCH HOSPITAL
MEDICAL CENTER

473-7669

MEDICAL AND PROFESSIONAL STAFF ROSTER

DATE: December 6, 2002
TO: All Hospital Departments
FROM: BJ McDonald, CMSC
Medical Staff Coordinator

Attached is the current copy of the Medical Staff and Allied Health Professionals roster. Please be reminded of the following process:

1. Discard your old roster and replace it with this one;
2. Refer to this roster and then to the temporary privilege binder for current status of practitioner's membership and privileges;
3. Ensure your staff is aware of the above process.
4. See "Credentialing Update" for changes in Medical Staff Privileges.

If you have any questions, feel free to call me at 542-6633.

1911 Johnson Avenue
San Luis Obispo, CA 93401
805/543-5353

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French Hospital Medical Center

STAFF ROSTER
MEMBERS OF THE MEDICAL STAFF

NAME	ADDRESS	STATUS
Abrams, Adam D., M.D. Ophthalmology	628 California Blvd., Ste C San Luis Obispo, CA 93401 544-0102 Fax: 544-0109	Courtesy
Alexander, Steven, M.D. Neonatology	1010 Murrey Avenue San Luis Obispo, CA 93405 546-7982	Provisional
Alioto, Joseph T., PHD Clinical Psychologist	1124 D Nipomo St. San Luis Obispo, CA 93401 544-0699	Active
Allen, Denise C., D.O. Family practice	1551 Bishop St., Suite C310 San Luis Obispo, CA 93401 782-9000 Fax: 783-2517	Leave of Absence
Allmucker, Eric, M.D./DDS Oral Surgery/DDS	990 Boysen Avenue San Luis Obispo, CA 93401 805-541-3220 Fax: 541-3704	Provisional
Amir, Ahmad A., M.D. Ophthalmology	1035 Peach St., #204 San Luis Obispo, CA 93401 549-9995 Fax: 544-7560	Active
Amir, Mary S., M.D. Neurology	1035 Peach St., Ste. 204 San Luis Obispo, CA 93401 544-7511 Fax: 544-7560	Provisional
Anderson Jr., Winston L., M.D. General Surgery Vascular Surgery	77 Casa St., Ste. 103 San Luis Obispo, CA 93405 543-8711 Fax: 544-0120	Active
Araya, Monique, M.D. Pediatrics	620 California Blvd., Ste J San Luis Obispo, CA 93401 805-544-4460 Fax: 544-4019	Provisional
Ardito, Joseph J., M.D. Family practice	1184 Grand Ave. Arroyo Grande, CA 93420 474-9159 Fax: 474-9159	Courtesy
Baharie, Brent S., M.D. Anesthesiology	11545 Los Osos Valley Rd., Suite A-5 San Luis Obispo, CA 93405 783-1020 Fax: 593-0845	Active
Baldwin, Larry E., M.D. Ophthalmology	1304 Ella St., Ste. B San Luis Obispo, CA 93401 781-3937 Fax: 781-2577	Active
Balke, Debra L., M.D. Pediatric Neurologist	225 Posada Lane, Ste. D Templeton, CA 93465 434-0960 Fax: 434-0978	Consulting

French Hospital Medical Center

STAFF ROSTER
MEMBERS OF THE MEDICAL STAFF

NAME	ADDRESS	STATUS
Barry, Thomas P., M.D. Orthopedic surgery	4555 El Camino Real Ste A Atascadero, CA 93422 466-8805 Fax: 466-3964	Courtesy
Basich, Frank M., M.D. Ophthalmology	1304 Ella, Ste. B San Luis Obispo, CA 93401 781-3937 Fax: 781-2577	Active
Bentz, Shelby L., M.D. Anesthesiology	11545 Los Osos Valley Road, Suite A-5 San Luis Obispo, CA 93405 783-1020 Fax: 593-0845	Active
Bernard, Dustin, D.O. Internal medicine	1941 Johnson, Suite 303 San Luis Obispo, CA 93401 541-1177 Fax: 549-8514	Provisional
Bernhardt, David, M.D. Internal medicine	P.O. Box 8001 San Luis Obispo, CA 93406-8001 546-5730 Fax: 546-5794	Leave of Absence
Bhakra, Gautam S., M.D. Internal medicine	140 W. Branch St. Arroyo Grande, CA 93420 474-6110 Fax: 474-4020	Courtesy
Birsner, John, M.D. Obstetrics/Gynecology	44439 N 17th Street W, Ste 203 Lancaster, CA 93534 (661)949-7717	Provisional
Blackburn, Dennis C., D.O. Orthopedic surgery	525 E. Plaza Dr., Suite 203 Santa Maria, CA 93454 349-9545 Fax: 349-8025	Provisional
Bloom, Jeffrey M., M.D. Internal medicine	1334 Marsh St., San Luis Obispo, CA 93401 543-2724 Fax: 543-5270	Active
Bolivar, David, M.D.	292 Posada Lane, Ste C Templeton, CA 93465 805-434-2253	Provisional
Bondy, John M., D.O. Family practice	877 Oak Park Blvd., Pismo Beach, CA 93449 474-8450 Fax: 474-8454	Active
Bonheim, David C., M.D. Colon and Rectal Surgery	862 Meinecke, #202 San Luis Obispo, CA 93401 544-1811 Fax: 544-0637	Active

French Hospital Medical Center

STAFF ROSTER
MEMBERS OF THE MEDICAL STAFF

NAME	ADDRESS	STATUS
Borgardt, Philip A., M.D. Internal medicine	1334 Marsh St., San Luis Obispo, CA 93401 543-2724 Fax: 543-5270	Courtesy
Bravo, Rene H., M.D. Pediatrics	620 California Blvd., Ste J San Luis Obispo, CA 93401 544-4460 Fax: 544-4019	Active
Breedlove, James W., DPM Podiatry	1500 Palm St., Ste B San Luis Obispo, CA 93401 543-3025 Fax: 543-2740	Active
Brennan, Robert D., M.D. Internal medicine	1941 Johnson Ave., Ste. 303 San Luis Obispo, CA 93401 541-1177 Fax: 541-4236	Active
Brenner, Richard D., M.D. Anesthesiology	11545 Los Osos Valley Rd., Suite A-5 San Luis Obispo, CA 93405 783-1020 Fax: 593-0845	Active
Broomall, Robert H., M.D. Anesthesiology	11545 Los Osos Valley Rd., Suite A-5 San Luis Obispo, CA 93405 783-1020 Fax: 593-0845	Active
Brovar, Alan, M.D. Psychiatry	798 Arlington St., Cambria, CA 93428 927-1887 Fax: 927-0212	Consulting
Bughao, Rodney, D.D.S. General Dentistry	877 Embarcadero Dr., Ste 3 El Dorado Hills, CA 95762 916-941-0323 Fax: 941-0325	Provisional
Bukachevsky, Roman P., M.D. Otolaryncology	77 Casa Street, Suite 204 San Luis Obispo, CA 93405 781-3800 Fax: 546-0332	Active
Burnette Jr., William C., MD Radiology	P.O. Box 8129 San Luis Obispo, CA 93403-8129 805-461-7080 Fax: 805-464-0243	Provisional
Byrne, Chris M., DPM Podiatry	1551 Bishop St., Suite 210B San Luis Obispo, CA 93401 543-7788 Fax: 543-7828	Provisional
Campbell, Jerylann F., MD Internal medicine	Arroyo Grande Community Hospital - ER Arroyo Grande, CA 93420	Provisional

French Hospital Medical Center

STAFF ROSTER
MEMBERS OF THE MEDICAL STAFF

NAME	ADDRESS	STATUS
Canfield, Craig W., M.D. Urology	77 Casa St., Ste. 202 San Luis Obispo, CA 93405 541-1111 Fax: 544-0834	Active
Canvasser, David A., M.D. Cardiovascular Surgery	1941 Johnson Ave., Ste. 101 San Luis Obispo, CA 93401 541-6037 Fax: 541-0391	Active
Carabeth, Sorina, M.D. Psychiatry	1941 Johnson Ave., Ste 200 San Luis Obispo, CA 93401 541-3032 Fax: 541-5054	Consulting
Carlson, Steven W., M.D. Gastroenterologist	1551 Bishop #250 San Luis Obispo, CA 93401 543-8822 Fax: 543-6221	Active
Casden, Robert G., M.D. Allergy & Immunology	1551 Bishop, Suite 510 San Luis Obispo, CA 93401 541-5525 Fax: 543-0539	Consulting
Castillo-Ruiz, Rodolfo, M.D. Internal medicine	14450 El Camino Real Atascadero, CA 93422	Provisional
Cedars, Leonard A., M.D. Obstetrics/Gynecology	100 Casa Street Suite A-2 San Luis Obispo, CA 93406 546-2057 Fax: 784-0895	Consulting
Chen, Janet, M.D. Ophthalmology	880 Oak Park Blv., Ste 103 Arroyo Grande, CA 93420 489-8286 Fax: 489-1421	Courtesy
Chirman, Guy N., MD Anesthesiology	11545 Los Osos Valley Rd., Suite A-5 San Luis Obispo, CA 93405 805-783-1020 Fax: 593-0645	Active
Chisholm, Dugald D., M.D. Psychiatry	8575 Morro Road, Ste K Atascadero, CA 93442 466-5626 Fax: 466-2322	Active
Christensen, Paul E., M.D. Emergency medicine	French Hospital ER San Luis Obispo, CA 93401 542-6377	Active
Citek, Philip J., M.D. Physical medicine	7619 Morro Road Atascadero, CA 93422 461-9192 Fax: 461-5802	Courtesy

French Hospital Medical Center

STAFF ROSTER
MEMBERS OF THE MEDICAL STAFF

NAME	ADDRESS	STATUS
Clark, Russell, M.D. Emergency medicine	French Hospital ER San Luis Obispo, CA 93401 542-6377	Provisional
Clarke, Steve, M.D. Family practice	877 Oak Park Blvd. Pismo Beach, CA 93449 805-474-8450 Fax: 474-8454	Provisional
Clayton, Michael D., M.D. Urology	77 Casa St., Ste. 202 San Luis Obispo, CA 93405 544-8554 Fax: 544-0834	Active
Cluner, Barbara, M.D. Obstetrics/Gynecology	100 Casa St., Ste. B San Luis Obispo, CA 93405 546-5831 Fax: 544-8997	Active
Colbert, Phillip M., M.D. Gastroenterologist	77 Casa St., Ste. 108 San Luis Obispo, CA 93405 541-6080 Fax: 541-0637	Active
Collie, Frank, M.D. Internal medicine	148 Casa San Luis Obispo, CA 93401 543-8310 Fax: 543-3754	Active
Conte, Felix A., MD Pediatrics Pediatrics	145 Bridge Street Arroyo Grande, CA 93420 805-481-3116 Fax: 805-481-8237	Provisional
Cooperman, Glenn A., M.D. Obstetrics/Gynecology	8380 Morro Road Atascadero, CA 93422 466-7773 Fax: 466-1536	Active
Corbett, Harry F., M.D. Radiology	P.O. Box 8129 San Luis Obispo, CA 93403- 461-7080 Fax: 464-0243	Active
Coryell, James D., M.D. Pediatrics	1941 Johnson Ave., Suite 301 San Luis Obispo, CA 93401 549-0888 Fax: 549-8463	Courtesy
Cottrell, David, DDS Pediatric Dentistry	862 Meinecke Ave., Ste. 203 San Luis Obispo, CA 93405 544-1246 Fax: 544-1247	Active
Crittendon, Grace, M.D. Internal medicine	1334 Marsch Street San Luis Obispo, CA 93401 543-2724 Fax: 543-5270	Active

French Hospital Medical Center

STAFF ROSTER MEMBERS OF THE MEDICAL STAFF

NAME	ADDRESS	STATUS
Culhane, Dan E., M.D. Emergency medicine	French Hosp/ER/1911 Johnson Ave., San Luis Obispo, CA 93401 542-6377	Active
Cushing, Gary L., M.D. Gastroenterologist	1551 Bishop St., Ste. 510 San Luis Obispo, CA 93401 549-7843 Fax: 549-9489	Active
Daniels, Robert A., DPM. Podiatry	1551 Bishop St., Suite 210 San Luis Obispo, CA 93401-4661 544-1288 Fax: 543-7828	Courtesy
David, Saul J., M.D. Anesthesiology	11545 Los Osos Valley Road, Suite A-5 San Luis Obispo, CA 93405 783-1020 Fax: 593-0845	Provisional
DeLaCruz, Teddy, M.D. Neonatology	1010 Murray Avenue San Luis Obispo, CA 93405 546-7982	Provisional
Dodd Jr., Tilman E., M.D. Emergency medicine	283 Madonnz Rd., Suite B San Luis Obispo, CA 93405 549-8880	Active
Donath, Gary R., M.D. Plastic surgery	628 California Blvd., Ste. E San Luis Obispo, CA 93401 544-6000 Fax: 544-5460	Active
Doria, Robert J., M.D. Cardiology	77 Casa, Ste. 104 San Luis Obispo, CA 93405 782-8844 Fax: 782-8850	Active
Duberg, Arthur C., M.D. Radiology	P.O. Box 8129 San Luis Obispo, CA 93403- 461-7080 Fax: 464-0243	Active
Ebert, William K., M.D. Family practice	7512 Morro Road, Atascadero, CA 93422 461-3344 Fax: 461-1414	Affiliate
Eibschutz, Barry, M.D. Rheumatology	1551 Bishop, Ste 230 San Luis Obispo, CA 93405 781-0702 Fax: 545-8854	Active
Eidelman, Jeffrey A., DPM. Podiatry	620 California, Ste. N San Luis Obispo, CA 93401 544-1005 Fax: 544-6720	Courtesy

French Hospital Medical Center

STAFF ROSTER
MEMBERS OF THE MEDICAL STAFF

NAME	ADDRESS	STATUS
Ellerson, Dawn L., M.D. Pathology	3421 Empresa Dr., Suite A San Luis Obispo, CA 93401 541-6033	Provisional
Faber, Luke A., M.D. Cardiovascular Surgery	1941 Johnson, Suite 101 San Luis Obispo, CA 93401 541-6037 Fax: 541-0391	Active
Famularo, Michael, M.D. Cardiology	77 Casa, Ste. 104 San Luis Obispo, CA 93405 782-8844 Fax: 782-8850	Active
Feingold, Elisa S., D.O. Psychiatry	1428 Phillips Lane, Ste 300 San Luis Obispo, CA 93401 545-5720 Fax: 545-5727	Consulting
Feinstein, David M., M.D. Internal medicine	1941 Johnson Ave., Ste. 303 San Luis Obispo, CA 93401 541-1177 Fax: 781-2160	Active
Ferro, Thomas D., M.D. Orthopedic surgery	1300 E. Cypress, Ste. D1 Santa Maria, CA 93454 346-2646 Fax: 346-2644	Active
Field, Ronald J., M.D. Pediatrics	1108 Vine Paso Robles, CA 93446 239-4222 Fax: 239-4832	Provisional
Fishburn, Robert I., M.D. Radiology	100 Casa St. Ste.C San Luis Obispo, CA 93405 541-1932 Fax: 541-1653	Consulting
Fishman, Charles B., M.D. Dermatology	1551 Bishop St, Ste.410 San Luis Obispo, CA 93401 541-4180 Fax: 541-2542	Consulting
Flanigan, Donald J., M.D. Radiology	320 W. Junipero St., Santa Barbara, CA 93105 682-5803 Fax: 687-2763	Courtesy
Flaton, Janet E., M.D. Pediatrics	959 Las Tablas Templeton, CA 93465 461-6091	Leave of Absence
Fletcher, Lorianna P., M.D. Cardiology	77 Casa St., Ste. 104 San Luis Obispo, CA 93405 782-8844 Fax: 782-8850	Active

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NAME	ADDRESS	STATUS
Fogel, Lawrence J., M.D. Neurology	1941 Johnson Ave., Ste. 105 San Luis Obispo, CA 93401 543-1683 Fax: 543-3516	Active
Fong, Karen A., M.D. Internal medicine Pediatrics	855 4th Street Pismo Beach, CA 93449 773-7440 Fax: 773-7448	Provisional
Foran, M. Berry, M.D. General Surgery	292 Posada Ln., Suite C Templeton, CA 93465 434-2253 Fax: 434-3850	Active
Foreman, Larry W., D.O. Emergency medicine	French Hospital ER San Luis Obispo, CA 93401 542-6377	Courtesy
Freyaldenboven, Stephen J., M.D. Cardiovascular Surgery	1941 Johnson Ave., Ste. 101 San Luis Obispo, CA 93401 541-6037 Fax: 541-0391	Active
Fulbeck, Charles, M.D. Gastroenterologist	1551 Bishop Ste. 420 San Luis Obispo, CA 93401 549-9533 Fax: 549-8001	Active
Gallagher, Paul A., M.D. Family practice	1551 Bishop Ste. #220 San Luis Obispo, CA 93401 541-6500 Fax: 541-0919	Honorary
Gamarra, Lewis E., M.D. Internal medicine	2115 10th Street, Suite A2 Los Osos, CA 93402 534-9360 Fax: 534-9345	Active
Ganpule, Sanjiv R., M.D. Hematology/Oncology	262 Posada Lane, Ste. A Templeton, CA 93465 434-0333 Fax: 434-0893	Active
Garren, Steven M., M.D. Plastic surgery	77 Casa St., Suite 203 San Luis Obispo, CA 93401 544-6471 Fax: 544-4913	Provisional
Gealy, James, M.D. Ophthalmology	1304 Ella St., Ste. B San Luis Obispo, CA 93401 781-3937 Fax: 781-2577	Active
George, Tracy, M.D. Pathology	3421 Empresa Drive, Ste A San Luis Obispo, CA 93401 541-6033 Fax: 541-6116	Provisional

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<u>NAME</u>	<u>ADDRESS</u>	<u>STATUS</u>
Gong, Robert L., M.D. Family practice	2150 Main, #3 Cambria, CA 93428 927-8671 Fax: 927-1674	Active
Goodman, Steven, M.D. Family practice	1555 Higuera St. San Luis Obispo, CA 93401 543-4043 Fax: 543-4427	Active
Gordon, Daniel M., M.D. Psychiatry	968 Toro St., San Luis Obispo, CA 93401 544-8709 Fax: 544-7809	Active
Greenberg, Eric A., M.D. Emergency medicine	French Hospital ER, 1911 Johnson Ave. San Luis Obispo, CA 93401 542-6377 Fax: 542-6381	Active
Griffin, Joseph B., M.D. Physical medicine	1545 N. Higuera San Luis Obispo, CA 93405-1699	Consulting
Gunasayan, Nick, DPM Podiatry	825 Buena Fortuna Atascadero, CA 93422 805-460-0367	Provisional
Hansen, Stephen L., M.D. Internal medicine	1744 Alisal San Luis Obispo, CA 93401 544-2737 Fax: 544-5246	Leave of Absence
Harkins, Gary L., M.D. Hematology/Oncology	1941 Johnson Ave., Suite 201 San Luis Obispo, CA 93401 543-5577 Fax: 595-3231	Active
Harrington, Douglas J., D.D.S. General Dentistry	620 California Blvd., Suite H San Luis Obispo, CA 93401 544-8111 Fax: 544-6309	Provisional
Harrison, James M., M.D. Family practice	1551 Bishop #220 San Luis Obispo, CA 93401 541-6500 Fax: 541-0919	Active
Haupt, Kurt L., M.D. Obstetrics/Gynecology	77 Casa St., Ste. 201 San Luis Obispo, CA 93405 546-5770 Fax: 543-6357	Courtesy
Hawthorne, James, M.D. Urology	1041 Murray St., Ste. B San Luis Obispo, CA 93405 544-8554 Fax: 544-0834	Active

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<u>NAME</u>	<u>ADDRESS</u>	<u>STATUS</u>
Hayashi, Edwin S., M.D. General Surgery	77 Casa St., Ste. 103 San Luis Obispo, CA 93405 546-0411 Fax: 546-8459	Active
Hayashi, Howard H., M.D. General Surgery	77 Casa St., Ste. 103 San Luis Obispo, CA 93405 546-0411 Fax: 546-8459	Active
Heather, Richard E., M.D. Internal medicine	2035 9th Street, Suite A Los Osos, CA 93402 528-1812 Fax: 528-1843	Active
Hendricks, Richard A., M.D. Otolaryncology	1050 Las Tablas Rd., Templeton, CA 93465 434-1836 Fax: 434-1590	Courtesy
Henry, John G., M.D. General Surgery	1050 Las Tablas #2 Templeton, CA 93465 434-1873 Fax: 434-2062	Active
Herman, Melvin, M.D. Urology	1105 Las Tablas, Suite A Templeton, CA 93465 434-1408 Fax: 434-1224	Active
Herten, R. J., M.D. Dermatology	15 Santa Rosa San Luis Obispo, CA 93405 541-2650 Fax: 541-4043	Consulting
Hetzcl, Robert J., M.D. Anesthesiology	11545 Los Osos Valley Rd., Suite A-5 San Luis Obispo, CA 93405 783-1020 Fax: 593-0845	Active
Higginbotham, Robert, M.D. Ophthalmology	628 California, Suite D San Luis Obispo, CA 93401 545-8100 Fax: 545-8902	Active
Hilty, Stephen A., M.D. Internal medicine	148 Casa St., San Luis Obispo, CA 93405 543-8310 Fax: 543-3754	Active
Hirsch, Larry, M.D. Obstetrics/Gynecology	4555 El Camino Real, Ste B Atascadero, CA 93422 466-9001 Fax: 466-1633	Active
Holtzman, Stephen R., M.D. Radiology	PO Box 8129 San Luis Obispo, CA 93403-8129 461-7080 Fax: 464-0243	Provisional

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Hori, Gene, M.D. Urology	148 Casa St., San Luis Obispo, CA 93405 541-1492 Fax: 543-3754	Active
Horn, Wally, M.D. Plastic surgery	1250 Peach St., Suite D San Luis Obispo, CA 93401 541-0350 Fax: 541-6809	Provisional
Hoy, Raymond C., M.D. Radiology	P.O. Box 8129 San Luis Obispo, CA 93403 461-7080 Fax: 464-0243	Provisional
Hulburd, Christopher S., M.D. Ophthalmology	1104 Vine St., Ste. A Paso Robles, CA 93446 227-1477 Fax: 227-1479	Courtesy
Jacobsen, Eric J., M.D. Emergency medicine	French Hospital ER San Luis Obispo, CA 93401 542-6377	Active
Janai, Hillel K., M.D. Pediatrics	145 Bridge Street Arroyo Grande, CA 93420 481-3166 Fax: 481-8237	Active
Javitz, David, M.D. Internal medicine	1941 Johnson Ave., Ste. 303 San Luis Obispo, CA 93401 541-1177 Fax: 781-2160	Active
Jeyanadarajan, S., M.D. Anesthesiology	11545 Los Osos Valley Rd., Suite A-5 San Luis Obispo, CA 93405 783-1020 Fax: 593-0845	Active
Jobst, Steven B., M.D. Pathology	3421 Empresa Drive, Ste. A San Luis Obispo, CA 93401 541-6033 Fax: 541-6116	Active
Johnson, George E., M.D. Obstetrics/Gynecology	1304 Ella Ste. A San Luis Obispo, CA 93401 541-1060 Fax: 541-6942	Active
Johnson, Steve C., M.D. Ophthalmology	628 California Suite C San Luis Obispo, CA 93401 544-0102 Fax: 544-0109	Active
Jones, Ernest E., M.D. Family practice	336 S. Halcyon Road Arroyo Grande, CA 93420 473-6650 Fax: 481-5079	Active

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NAME	ADDRESS	STATUS
Jones, Gregory, M.D. Cardiology	77 Casa Street, Ste 104 San Luis Obispo, CA 93401 805-782-8844 Fax: 782-8840	Provisional
Keller, Eugene L., M.D. Emergency medicine	French Hospital ER San Luis Obispo, CA 93401 542-6377 Fax: 542-6381	Active
Kettelkamp, Ralph, M.D. Family practice	1250 Peach St., Ste A San Luis Obispo, CA 93401 543-4043 Fax: 543-4427	Courtesy
Kim, Chang Se, M.D. Radiology	P.O. Box 8129 San Luis Obispo, CA 93403- 461-7080 Fax: 464-0243	Active
Kim-Abroms, Grace L., M.D. Anesthesiology	806 Murray Avenue San Luis Obispo, CA 93405 783-1422 Fax: 783-1422	Active
King, Dale, M.D. Plastic surgery	1250-D Peach San Luis Obispo, CA 93401 541-0330 Fax: 541-6809	Active
King, Henry T., M.D. Anesthesiology	11545 Los Osos Valley Road, Suite A-5 San Luis Obispo, CA 93405 783-1020 Fax: 593-0845	Provisional
Kissel, Phillip N., M.D. Neurosurgery	628 California Blvd., Suite F San Luis Obispo, CA 93401- 544-4455 Fax: 544-5815	Courtesy
Klaw, Elliot, M.D. Internal medicine	1941 Johnson Ave. #303 San Luis Obispo, CA 93401 805-541-1177 Fax: 541-4973	Application In Process
Klosterman, Paul, M.D. Urology	77 Casa St., Ste. 202 San Luis Obispo, CA 93405 544-8554 Fax: 544-0834	Active
Kolb, Gary, M.D. Internal medicine	695 Morro Morro Bay, CA 93442 772-2707 Fax: 772-0624	Active
Koiba, Karen S., M.D. Rheumatology	607 Plaza Dr., Ste. A Santa Maria, CA 93454 925-8899 Fax: 922-5259	Consulting

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NAME	ADDRESS	STATUS
Kowall, Mark G., M.D. Orthopedic surgery	8390 Morro Road Atascadero, CA 93422 466-2333 Fax: 466-7782	Provisional
Kulick, Spencer L., M.D. Cardiology	77 Casa, Ste. 104 San Luis Obispo, CA 93405 782-8844 Fax: 782-8850	Active
Kuntze, Joseph R., M.D. Urology	77 Casa St., Ste. 202 San Luis Obispo, CA 93405 541-1111 Fax: 434-1224	Active
Kusumoto, Howard H., M.D. Pediatrics	2106 9th St., Los Osos, CA 93402 528-2400 Fax: 528-2228	Courtesy
Lanza, Miguel V., M.D. Pediatrics	959 Las Tablas, Suite B2 Templeton, CA 93465 434-9641	Active
Laughlin, Donelle A., M.D. Obstetrics/Gynecology	1304 Ella St., Suite A San Luis Obispo, CA 93401 541-1060	Provisional
Lawler, James W., M.D. Orthopedic surgery	1250 Peach Ste. B San Luis Obispo, CA 93401 549-9555 Fax: 549-0444	Active
Lawrence, David M., M.D. Pathology	3421 Empresa Drive, Ste. A San Luis Obispo, CA 93401 541-6033 Fax: 541-6116	Courtesy
Lawrence, Randolph S., M.D. General Surgery	1315 Las Tablas Road, Suite B Templeton, CA 93465 434-0811 Fax: 434-3455	Active
Lee, Henry, M.D. Neurology	P.O. Box 544 San Luis Obispo, CA 93406 547-7671 Fax: 547-7513	Courtesy
Leece, David W., M.D. Family practice	77 Casa St., Suite 204 San Luis Obispo, CA 93401 546-0780 Fax: 546-0332	Courtesy
Leeson, Peter J., D.O. Medico-Admin Officer	194 Sea Ridge Court Shell Beach, CA 93449 773-0011 Fax: 773-0031	Medico-Admin Officer

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MEMBERS OF THE MEDICAL STAFF

NAME	ADDRESS	STATUS
Lewis, Daniel, M.D. Hematology/Oncology	1023 Pacific San Luis Obispo, CA 93401 543-3350 Fax: 543-1262	Active
Lickness, Danny L., M.D. Obstetrics/Gynecology	100 Case Ste. B San Luis Obispo, CA 93405 546-5831 Fax: 544-8997	Active
Limberg, Michael, M.D. Ophthalmology	1270 Peach, #100 San Luis Obispo, CA 93401 541-1342 Fax: 541-5836	Courtesy
Lo, Wanda L., M.D. Pediatrics	1941 Johnson Ave., Ste. 301 San Luis Obispo, CA 93401 549-0888 Fax: 549-8463	Active
Long, Kathleen L., M.D. Pediatrics	1941 Johnson Suite #301 San Luis Obispo, CA 93401 549-0888 Fax: 549-8463	Active
Longabaugh, James L., M.D. Dermatology	1941 Johnson #204A San Luis Obispo, CA 93401 544-5567 Fax: 544-3265	Consulting
Longo, James F., M.D. Radiology	274 Heather Court Templeton, CA 93465 434-1859 Fax: 434-2383	Provisional
Lotz, Laurence, M.D. Family practice	1250 Peach St., Ste A San Luis Obispo, CA 93401 596-0900 Fax: 596-0411	Courtesy
Lubarsky, Laura A., M.D. Pulmonary/Critical Care	1428 Phillips Lane, Ste 203 San Luis Obispo, CA 93401 543-4407 Fax: 543-4587	Active
Lundquist, Kurt F., M.D. Pathology	3421 Empresa Drive, Ste. A San Luis Obispo, CA 93401 541-6033 Fax: 541-6116	Active
MacLean, Jon, D.O. Pediatrics	100 Casa Street, A-1 San Luis Obispo, CA 93405 805-541-5530 Fax: 541-4905	Provisional
Macias, Richard, M.D. Pediatrics	1941 Johnson Suite #301 San Luis Obispo, CA 93401 549-0888 Fax: 549-8463	Active

French Hospital Medical Center

STAFF ROSTER MEMBERS OF THE MEDICAL STAFF

<u>NAME</u>	<u>ADDRESS</u>	<u>STATUS</u>
Mahnke, John, M.D. Obstetrics/Gynecology	1551 Bishop, #240 San Luis Obispo, CA 93401 544-2051 Fax: 549-7856	Active
Main, Gerald D., M.D. Radiology	P.O. Box 8129 San Luis Obispo, CA 93403- 461-7080 Fax: 464-0243	Active
Malotte, Michael J., M.D. Otolaryngology	1551 Bishop, Ste B-260 San Luis Obispo, CA 93401 541-2368 Fax: 541-2553	Active
Martin, Richard, M.D. Physical Medicine/Rehabilitation	1010 Murray Ave. San Luis Obispo, CA 93405 546-7965 Fax: 546-7871	Provisional
Martinbo, Elena, M.D. Dermatology	1111 Las Tablas, Ste. 0 Templeton, CA 93465 434-1511 Fax: 434-3441	Consulting
McBride, David L., M.D. Family practice	2515 Main Street Cambria, CA 93428 927-5292 Fax: 927-0354	Consulting
McDonnel, James, M.D. Emergency medicine	French Hospital ER San Luis Obispo, CA 93401 542-6377	Provisional
McKee, Paul J., M.D. Anesthesiology	11545 Los Osos Valley Rd., Suite A-5 San Luis Obispo, CA 93401 783-1020 Fax: 593-0845	Active
McLean, Arthur, M.D. Allergy & Immunology	1551 Bishop #520 San Luis Obispo, CA 93401 543-2744 Fax: 543-0539	Consulting
McLeod, Wilton A., D.O. Emergency medicine	French Hospital ER San Luis Obispo, CA 93401 542-6377	Provisional
McRae, William E., M.D. Ophthalmology	628-C California San Luis Obispo, CA 93401 544-0102 Fax: 544-0109	Active
Mead, Ronald, DDS Oral Surgery/DDS	990 Boysen San Luis Obispo, CA 93405 541-3220 Fax: 541-3704	Courtesy

French Hospital Medical Center

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NAME	ADDRESS	STATUS
Merrill, Craig A., M.D. Ophthalmology	1270 Peach St., Ste. 100 San Luis Obispo, CA 93401 541-1342 Fax: 541-5836	Active
Mikulics, Stefanie A., M.D. Obstetrics/Gynecology	1941 Johnson Ave., #203 San Luis Obispo, CA, CA 93401 544-4823 Fax: 542-0827	Provisional
Miller, Thomas L., M.D. Radiology	P.O. Box 8129 San Luis Obispo, CA 93403- 461-7080 Fax: 464-0243	Active
Molin, Lisa, M.D. Otolaryncology	1551 Bishop St, Bldg. B, Ste 260 San Luis Obispo, CA 93401 805-541-2368	Active
Monroy, Bruce, M.D. Obstetrics/Gynecology	1941 Johnson Avenue, #203 San Luis Obispo, CA 93401 805-544-4883 Fax: 542-0827	Active
Morey, Scott A., M.D. Nephrology	P.O. Box 12807 San Luis Obispo, CA 93406 543-4474 Fax: 543-5645	Provisional
Morgan, William S., M.D. Pediatrics	138 West Branch Street, Ste A Arroyo Grande, CA 93420 473-3262 Fax: 473-3707	Courtesy
Mulder, Linda D., M.D. Radiology	P.O. Box 8129 San Luis Obispo, CA 93403 461-7080 Fax: 461-7099	Leave of Absence
Mundorf, Jeffrey B., M.D. Gastroenterologist	1551 Bishop St., Ste. 420 San Luis Obispo, CA 93401 549-0784 Fax: 549-8001	Active
Murphy, Douglas, M.D. Psychiatry	895 Napa Ave-Ste B2 Morro Bay, CA 93422 805-466-5626 Fax: 466-2322	Provisional
Murray, Sean P., MD Radiology	P.O. Box 8129 San Luis Obispo, CA 93403-8129 805-461-7080 EXT. 15 Fax: 805-464-0243	Provisional
Nahvi, Parvin, M.D. Pediatrics	1315 Las Tablas Road Templeton, CA 93465 434-2534 Fax: 434-3037	Provisional

French Hospital Medical Center

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NAME	ADDRESS	STATUS
Naimark, Robert, M.D. Pediatrics	260 San Jose St. Salinas, CA 93901 831-757-8124	Leave of Absence
Nave, Mary M., M.D. Pediatrics	265 Posada, Suite D Templeton, CA 93465 462-4535 Fax: 434-5124	Provisional
Negri, Scott R., M.D. Family practice	1555 Higuera St. San Luis Obispo, CA 93401 543-4043 Fax: 543-4427	Provisional
Neidengard, Lee, M.D. Pediatrics	100 Casa St., Ste. A-1 San Luis Obispo, CA 93405 543-2833 Fax: 543-8725	Consulting
Nguyen, Cu Q., M.D. Internal medicine	1941 Johnson Ave., Ste. 303 San Luis Obispo, CA 93401 541-1177 Fax: 781-2160	Active
Nickas, Gigi, M.D. Internal medicine	1941 Johnson Ave., Ste. 303 San Luis Obispo, CA 93401 541-1177 Fax: 541-4236	Active
Nied, Robert J., M.D. Family practice	283 Madona Rd, Ste B Arroyo Grande, CA 93420 549-8880 Fax: 549-8743	Provisional
Novy, Frederick, M.D. Dermatology	895 Shasta Morro Bay, CA 93442 772-1233 Fax: 772-5226	Consulting
Nukul, Savitha, M.D. Internal medicine	2238 Bayview Heights Drive Los Osos, CA 93402 534-1305 Fax: 534-1346	Provisional
O'Neil, Richard, M.D. Anesthesiology	11545 Los Osos Valley Rd., Suite A-5 San Luis Obispo, CA 93405 783-1020 Fax: 593-0845	Active
Oelker, Glenn F., M.D. Ophthalmology	628-C California Blvd., San Luis Obispo, CA 93401 544-0102 Fax: 544-0109	Courtesy
Oldenburg, J. B., M.D. Ophthalmology	1270 Peach St., Ste. 100 San Luis Obispo, CA 93401 541-1342 Fax: 541-5836	Active

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Olson, Erik M., M.D. Radiology	P.O. Box 8129 San Luis Obispo, CA 93403-8129 461-7080 Fax: 464-0243	Active
Palchak David L., M.D. Hematolog/Oncology	1184 Grand Ave., Arroyo Grande, CA 93420 473-8983 Fax: 473-8735	Courtesy
Palmer, Robert C., M.D. Psychiatry	4501 Orcutt Road San Luis Obispo, CA 93401 784-9322	Provisional
Patterson, Brian, M.D. Pediatrics	P.O. Box 2279 Atascadero, CA 93423 466-6622 Fax: 461-0361	Courtesy
Pawlik, Nancy A., M.D. General Surgery	628 California Blvd., Bldg D, Ste 2 San Luis Obispo, CA 93401 783-7044 Fax: 783-7047	Active
Pedersen, Jac, DDS Pediatric Dentistry	620 California Blvd., Ste. H San Luis Obispo, CA 93401 544-8111 Fax: 544-6309	Active
Perrin, Timothy J., MD Orthopedic surgery	110 N. Hakeyon Road Arroyo Grande, CA 93420 489-2248 Fax: 489-2249	Provisional
Peterson, Richard, M.D. Pediatrics	1050 Las Tablas #13 Templeton, CA 93465 434-1438	Courtesy
Pollak, Richard G., M.D. Emergency medicine	French Hospital ER San Luis Obispo, CA 93401 542-6377	Active
Pontius, Steven C., M.D. Cardiology	77 Casa, Ste. 104 San Luis Obispo, CA 93405 782-8844 Fax: 782-8850	Active
Poon, Michael W., M.D. Urology	1105 Las Tablas Road, Suite A Templeton, CA 93465 434-1408 Fax: 434-1408	Provisional
Popat, Kishor, M.D. Cardiology	1505 South Shepard Drive #203 Santa Maria, CA 93456-7016 922-6990 Fax: 347-9520	Active

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Puro, David H., MD Cardiology Internal medicine	310 S. Halcyon Rd., Suite 105 Arroyo Grande, CA 93420 805-481-8233 Fax: 805-481-1494	Active
Ragsdale, Bruce, M.D. Pathology	3421 Empresa Drive, Ste A San Luis Obispo, CA 93401 541-6033 Fax: 541-6116	Courtesy
Rahhal, Firas, M.D. Ophthalmology	1270 Peach Street San Luis Obispo, CA 93401 805-541-1342 Fax: 541-5836	Active
Ralston, David, M.D. Internal medicine	1941 Johnson, Ste. 303 San Luis Obispo, CA 93401 541-1177 Fax: 549-8514	Courtesy
Ramberg, Donald A., M.D. Neurosurgery	1035 Peach St., Ste. 301A San Luis Obispo, CA 93401 545-6710 Fax: 543-8298	Active
Rees, Atsuko E., M.D. General Practice	1551 Bishop St., Suite 220 San Luis Obispo, CA 93401 541-6500 Fax: 541-0919	Affiliate
Rees, Brian M., M.D. Family practice	1551 Bishop St., Ste. 220 San Luis Obispo, CA 93401 541-6500 Fax: 541-0919	Active
Richards, Joanne, M.D. Obstetrics/Gynecology	1304 Ella, #A San Luis Obispo, CA 93401 541-1060 Fax: 541-6942	Active
Rocha, Ronald E., M.D. Pathology	3421 Empresa Drive, Ste A San Luis Obispo, CA 93401 541-6033 Fax: 541-6116	Active
Rodgers, Vance, M.D. Gastroenterologist	1551 Bishop St., Ste 510 San Luis Obispo, CA 93401 805-786-4563 Fax: 549-9489	Provisional
Rowland, Dale W., M.D. Pediatrics	1941 Johnson Suite 301 San Luis Obispo, CA 93401 549-0888 Fax: 549-8463	Active

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MEMBERS OF THE MEDICAL STAFF

NAME	ADDRESS	STATUS
Russell, Peter R., PHD Clinical Psychologist	10420 El Camino Real Atascadero, CA 93422 466-5641 Fax: 466-2989	Active
Russell, William M., M.D. Radiology	P.O. Box 8129 San Luis Obispo, CA 93403 461-7080 Fax: 464-0243	Active
Sada, Mark J., M.D. Cardiology Internal medicine	295 Posada Lane, Ste A Templeton, CA 93465 434-2262 Fax: 434-2843	Active
Safarik, Randall H., M.D. Obstetrics/Gynecology	336 S. Halcyon Rd. Arroyo Grande, CA 93420 473-7950 Fax: 473-7954	Active
Schultz, Eric, M.D. Pulmonary/Critical Care	1428 Phillips Lane, Ste 203 San Luis Obispo, CA 93401 543-4407 Fax: 543-4587	Active
Schwartz, Joseph A., M.D. Psychiatry	1428 Phillips Lane, Ste 300 San Luis Obispo, CA 93401 545-5720 Fax: 545-5727	Active
Segal, Arthur, M.D. Obstetrics/Gynecology	1941 Johnson Ave., Ste. 203 San Luis Obispo, CA 93401 544-4883 Fax: 542-0827	Courtesy
Segal, Harold, M.D. Neurosurgery	140 Casa San Luis Obispo, CA 93405 543-4319 Fax: 543-0446	Courtesy
Shea, Owen F., M.D. Anesthesiology	11545 Los Osos Valley Rd., Suite A-5 San Luis Obispo, CA 93405 783-1020 Fax: 593-0845	Active
Siebenlist, John, M.D. Dermatology	1223 Higuera Street, #101 San Luis Obispo, CA 93401 805-541-0668 Fax: 541-4973	Provisional
Silverstein, Arthur, D.O. Cardiology	691 Morro Morro Bay, CA 93442 772-1291 Fax: 772-1753	Active
Sima, William F., M.D. Orthopedic surgery	292 Posada, Suite A Templeton, CA 93465 434-5555 Fax: 434-5502	Courtesy

French Hospital Medical Center

STAFF ROSTER MEMBERS OF THE MEDICAL STAFF

NAME	ADDRESS	STATUS
Siqueiros, Armando F., M.D. Internal medicine	842 California St., San Luis Obispo, CA 93405 541-2267 Fax: 541-9207	Active
Skow, James R., M.D. Cardiovascular Surgery	1941 Johnson, Suite 101 San Luis Obispo, CA 93401 541-6037 Fax: 541-0391	Active
Smelser, Julie E., M.D. Anesthesiology	11545 Los Osos Valley Rd., Suite A-5 San Luis Obispo, CA 93401 783-1020 Fax: 593-0845	Leave of Absence
Smelser, Scott R., M.D. Anesthesiology	11545 Los Osos Valley Rd., Suite A-5 San Luis Obispo, CA 93405 783-1020 Fax: 593-0845	Active
Smilovitz, Donald, M.D. Internal medicine	84 Santa Rosa San Luis Obispo, CA 93401 543-6006 Fax: 543-9271	Active
Smith, Larry V., DDS Pediatric Dentistry	1312 Garden San Luis Obispo, CA 93401 544-3434 Fax: 544-7984	Courtesy
Smith, Newton B., M.D. Orthopedic surgery	P.O. Box 9 Templeton, CA 93465-0009 434-1881 Fax: 434-2794	Courtesy
Smith-Arizmendi, Ronald L., M.D. Anesthesiology	11545 Los Osos Valley Rd., Suite A-5 San Luis Obispo, CA 93405 783-1020 Fax: 593-0845	Courtesy
Soleimany, Darius, M.D. Neurology	1551 Bishop Ste. 450 San Luis Obispo, CA 93401 543-8492 Fax: 543-6551	Active
Soll, Mark L., M.D. Pulmonary/Critical Care	1428 Phillips Lane, Ste 203 San Luis Obispo, CA 93401 543-4407 Fax: 543-4587	Active
Spalding, Patrick J., M.D. Obstetrics/Gynecology	1551 Bishop St., Suite C-310 San Luis Obispo, CA 93401 543-1863 Fax: 543-1873	Active
Speed, Nancy M., M.D. Psychiatry	1428 Phillips Lane, Ste. 300 San Luis Obispo, CA 93401 545-5720 Fax: 545-5727	Courtesy

French Hospital Medical Center

STAFF ROSTER MEMBERS OF THE MEDICAL STAFF

NAME	ADDRESS	STATUS
Spillane, Thomas, M.D. Oncology	1941 Johnson Ave., Suite 201 San Luis Obispo, CA 93401 543-5577 Fax: 595-3231	Active
Stallman, Paul T., MD Ophthalmology Ophthalmology	1270 Peach Street San Luis Obispo, CA 93401 805-541-1342 Fax: 805-547-5836	Active
Stanislaus, Marceni T., M.D. Obstetrics/Gynecology	265 Posada Lane, Ste B Templeton, CA 93465 462-4550 Fax: 434-0917	Provisional
Stanwyck, Gary D., M.D. Psychiatry	P.O. Box 5008 San Luis Obispo, CA 93403-5008 544-7570 Fax: 544-7699	Consulting
Stathacopoulos, Rena A., M.D. Ophthalmology	1304 Ella St., Ste. B San Luis Obispo, CA 93401 781-3937 Fax: 781-2577	Active
Steele, Roger B., M.D. Endocrinology	1250 Peach #H San Luis Obispo, CA 93401 541-1671 Fax: 541-1651	Active
Stella, Jonathan R., M.D. Radiology	100 Case St. C-2 San Luis Obispo, CA 93401 541-1932 Fax: 541-1653	Consulting
Stenger, Mary M., M.D. Anesthesiology	11545 Los Osos Valley Rd., Suite A-5 San Luis Obispo, CA 93405 783-1020 Fax: 593-0845	Courtesy
Stewart, Patricia A., D.O. Dermatology	200 N. La Cumbre, Suite F Santa Barbara, CA 93110 687-3885 Fax: 682-1591	Consulting
Stewart, Robert G., M.D. Otolaryncology	1551 Bishop St., Ste. B260 San Luis Obispo, CA 93401 541-2368 Fax: 541-2553	Active
Storrer, Vivian R., M.D. Obstetrics/Gynecology	1941 Johnson Ave., Ste. 203 San Luis Obispo, CA 93401 544-4883 Fax: 542-0827	Active
Strasen, Michelle K., M.D. General Surgery	292 Posada Ln, Suite C Templeton, CA 93465 434-2253 Fax: 434-3850	Active

French Hospital Medical Center

STAFF ROSTER
MEMBERS OF THE MEDICAL STAFF

NAME	ADDRESS	STATUS
Sun, Andrew D., M.D. Anesthesiology	11545 Los Osos Valley Rd., Suite A-5 San Luis Obispo, CA 93405 783-1020 Fax: 593-0845	Courtesy
Swedberg, Paul J., M.D. Family practice	1250 Peach, Ste A San Luis Obispo, CA 93401 596-0900 Fax: 596-0411	Courtesy
Tcaford, Susan H., M.D. Pediatrics	70 Benton Way San Luis Obispo, CA 93401	Leave of Absence
Tedford, James, M.D. Pediatrics	P. O. Box 2279 Atascadero, CA 93423 466-6622 Fax: 461-0361	Active
Thom, Peter A., M.D. Cardiology	405 Traffic Way, Ste A Arroyo Grande, CA 93420 481-4202 Fax: 481-0223	Active
Thomas, Gregory W., M.D. Family practice	P.O. Box 1489 San Luis Obispo, CA 93406 781-5500 Fax: 781-5543	Affiliate
Thompson, Jeffrey S., M.D. Pediatrics		Provisional
Thornton, James W., M.D. Plastic surgery	77 Casa, Ste. 203 San Luis Obispo, CA 93401 544-6471 Fax: 544-4913	Courtesy
Tidik, Stephen J., M.D. General Surgery	77 Casa St., Ste. 103 San Luis Obispo, CA 93405 544-8993 Fax: 544-0120	Active
Tomney, Ann Marie, M.D. Obstetrics/Gynecology	855 Fourth St., Pismo Beach, CA 93449 773-7200 Fax: 773-7340	Leave of Absence
Tsao, Ke-Ping, M.D. Plastic surgery	1035 Peach, #303 San Luis Obispo, CA 93401 543-9577 Fax: 543-1820	Active
Tway, Kenneth, M.D. Cardiology	1106 Pacific St., San Luis Obispo, CA 93401 546-9500 Fax: 546-9699	Active

French Hospital Medical Center

STAFF ROSTER MEMBERS OF THE MEDICAL STAFF

NAME	ADDRESS	STATUS
Ungos, Erwina, D.O. Emergency medicine	French Hospital Er San Luis Obispo, CA 93401 542-6377	Active
Van Scoy, Steven C., M.D. Neonatology	Sierra Vista NICU, 1010 Murray Ave., San Luis Obispo, CA 93405 546-7899 Fax: 546-6016	Provisional
Vaughan, Patrick J., M.D. Family practice	685 Morro Ave., Morro Bay, CA 93442 772-7313 Fax: 772-0395	Courtesy
Vendegna, Thomas R., M.D. Pulmonary/Critical Care	1428 Phillips Lane, Ste 203 San Luis Obispo, CA 93401 543-4407 Fax: 543-4587	Active
Vest, Jerrold, M.D. Anesthesiology	11545 Los Osos Valley Road, Suite A-5 San Luis Obispo, CA 93405 783-1020 Fax: 593-0845	Courtesy
Voge, Christian J., M.D. Family practice	283 Madonna Road, Suite B San Luis Obispo, CA 93405 549-8880 Fax: 549-8743	Leave of Absence
VonDollen, Lawrence E., M.D. Cardiology	295 Posada Lane, Ste A Templeton, CA 93465 434-2262 Fax: 434-2843	Active
Walker, Tracy D., DDS Pediatric Dentistry	1312 Garden St., San Luis Obispo, CA 93401 544-3434 Fax: 544-7984	Active
Watson, William J., M.D. Otolaryngology	1035 Peach St. #301 San Luis Obispo, CA 93401 545-5665 Fax: 544-6477	Active
Weise, Marc W., M.D. Orthopedic surgery	1300 East Cypress, Ste D Santa Maria, CA 93454 346-2646 Fax: 346-2644	Provisional
Weiss, Bennett T., M.D. Anesthesiology	11545 Los Osos Valley Rd., Suite A-5 San Luis Obispo, CA 93405 783-1020 Fax: 593-0845	Active
Whitcher, Bruce, DDS Oral Surgery/DDS	990 Boysen Ave., San Luis Obispo, CA 93401 541-3220 Fax: 541-3704	Courtesy

French Hospital Medical Center

STAFF ROSTER
MEMBERS OF THE MEDICAL STAFF

NAME	ADDRESS	STATUS
Wiechmann, Michael L., M.D. Cardiology	295 Posada Lane, Ste. A Templeton, CA 93465- 434-2262 Fax: 434-2843	Active
Wolfe, Anthony M., M.D. Nephrology	100 Casa St., Ste. D2 San Luis Obispo, CA 93405 543-4474 Fax: 543-9323	Active
Yin, Elaine K., M.D. Obstetrics/Gynecology	77 Casa St., Ste. 201 San Luis Obispo, CA 93405 546-5770 Fax: 543-6357	Courtesy
Zieger, Carsten, D.O. Emergency medicine	French Hospital ER San Luis Obispo, CA 93401 542-6377	Active
Zovich, Daniel, M.D. Gastroenterologist	234 Heather Ct., Ste 101 Templeton, CA 93465 805-434-2434 Fax: 434-5249	Provisional

French Hospital Medical Center AHP

STAFF ROSTER
MEMBERS OF THE PROFESSIONAL STAFF

NAME	ADDRESS	STATUS
Belden-Johnson, Cesarea M., CNM Nurse Midwife	1941 Johnson, Suite 203 San Luis Obispo, CA 93401 805-544-4883	Prov/Lmt. Licensed
Brown-Ryan, Mollyo, RNFA RN First Assistant	241 N. 14th Street Grover Beach, CA 93433 481-6783 Fax: 481-5170	Prov/Lmt. Licensed
Dalley, Michael J., CCP Perfusionist	615 South Via Bell Monte Ct. Arroyo Grande, CA 93420 474-6920	Dependent
Dean, Cecelia B., RNFA RN First Assistant	1360 14th Street Los Osos, CA 93402	Prov/Lmt. Licensed
Friedman, Jeffrey S., PH.D. Clinical Psychologist	1461 Higuera St., #B San Luis Obispo, CA 93401 545-9410 Fax: 545-9476	Lmt. Licensed Prac.
Holzer, Rene, RNFA RN First Assistant	1485 Hillcrest Drive Arroyo Grande, CA 93420 489-1747	Prov/Lmt. Licensed
Lara, Trinie T., Assistant Perfusionist	1727 Southwood Dr. San Luis Obispo, CA 93401 541-8243	Active/Limited Licensed
Nagel, Kristina M., Assistant Perfusionist	730 Boyesen St., Apt. B San Luis Obispo, CA 93405 541-8492	Prov/Lmt. Licensed
Nausha, James D., Assistant Perfusionist	1639 Phillips Lane San Luis Obispo, CA 93401 786-4124	Dependent
Randolph, Theodore, Perfusionist Perfusionist	1330 Corte DePrimavera Thousand Oaks, CA 91360 805-479-6404	Prov/Lmt. Licensed
Ratty-Seeman, Susan, CCP Perfusionist	1727 Southwood Dr. San Luis Obispo, CA 93401 541-8243	Prov/Lmt. Licensed
Richards, Linda S., CNW Nurse Midwife	1941 Johnson Ave., Ste. 203 San Luis Obispo, CA 93401 544-4883 Fax: 542-0827	Dependent
Rodriguez, Sandy F., CNM Nurse Midwife	1941 Johnson Ave., Ste. 203 San Luis Obispo, CA 93401 544-4883 Fax: 542-0827	Dependent

French Hospital Medical Center A&P

STAFF ROSTER
MEMBERS OF THE PROFESSIONAL STAFF

<u>NAME</u>	<u>ADDRESS</u>	<u>STATUS</u>
Royce, Lynne A., RNFA RN First Assistant	4570 Spanish Oaks Dr. San Luis Obispo, CA 93401 528-3006	Dependent
Seeley, Linda M., CNM Nurse Midwife	1551 Bishop St., Suite C310 San Luis Obispo, CA 93401 543-1863	Prov/Lmt.Licensed
Smith, Maureen, RNFA RN First Assistant	2249 Humboldt Los Osos, CA 93402 534-0238	Prov/Lmt.Licensed
Steffora, Nancy, RNFA RN First Assistant	1170 Monaco Court Grover Beach, CA 93433 489-8891	Prov/Lmt.Licensed
Tarkington, Joanne, CNM Nurse Midwife	1941 Johnson Ave., Ste. 205 San Luis Obispo, CA 93401 544-4883 Fax: 542-0827	Dependent
Tayman, Eric W., Perfusionist	1727 Southwood Dr. San Luis Obispo, CA 93401 541-8243	Dependent
Winick, Lisa M., CNM Nurse Midwife	1551 Bishop Street, Suite 310C San Luis Obispo, CA 93401 543-1863 Fax: 543-1873	Prov/Lmt.Licensed

SCHEDULE 5.23

OFFICE LEASES

See attached copy of Rent Rolls for each of the Hospitals.

There is a security deposit of \$6,700 held by Arroyo Grande Community Hospital for the Arroyo Medical Group

**Arroyo Grande Community Hospital Medical Office Building
(Arroyo Grande Medical Group)
336 South Halcyon Road
Arroyo Grande, Ca.**

Current Monthly Lease payment to R.H. Porter 8,467.60
Current Lease Expires July of 2003

Sub-Lease
Arroyo Medical Group pays AGCH 7,866.51

Total Square Feet of Building 6 Units
Current Square Feet Rented 6 Units
Current Square Feet Vacant 0 Units

There are no:

- Delinquencies in rent
- Special terms or conditions
- options to possess any part of the building
- Cancellation notices
- Rebates to tenants
- Tenant improvements.



Fax

Date: 1/22/03 From: Alan

To: Richard Seiden Dept: _____

Fax: _____ No of Pages: 10

Re: _____

Urgent For Review Please Comment Please Reply

Message: _____

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CORONA REGIONAL MEDICAL CENTER
 800 South Main Street
 Corona, Ca. 92882

Phone #: (909) 736-6299
 Finance Fax #: (909) 736-4885

CORONA REGIONAL MEDICAL CENTER
 REHABILITATION HOSPITAL
 730 Magnolia Ave.
 Corona, Ca. 92879

Phone #: (909) 736-7200
 Admin Fax #: (909) 736-7207

Database: JMA
 ENTITY: 700011

Aged Delinquencies
 JMA
 Corona Reg Med Ctr-Med Arts
 Period: 12/02

Page: 1
 Date: 1/3/2003
 Time: 07:15 PM

Invoice Date	Category	Source	Amount	Current	1 Month	2 Months	3 Months	4 Months
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700011-000131 MedAmerica			Master Occupant Id: 00000107-1		Day Due: 1 Delq Day: 10			
Darcy Curtis			Current		Last Payment: 11/12/2002		2,006.46	
(909) 806-6700								
12/1/2002	RNT	Base Rent	CH	2,006.46	2,006.46	0.00	0.00	0.00
MedAmerica Total:				2,006.46	2,006.46	0.00	0.00	0.00

700011-000153 Nalin Nanayakkara, MD			Master Occupant Id: 00000134-1		Day Due: 1 Delq Day: 10			
Nalin Nanayakkara, M.D.			Current		Last Payment: 12/31/2002		809.11	
(909) 371-1590								
12/1/2002	CPI	CPI Increase	CH	50.11	50.11	0.00	0.00	0.00
12/1/2002	RNT	Base Rent	CH	759.00	759.00	0.00	0.00	0.00
Nalin Nanayakkara, MD. Total:				809.11	809.11	0.00	0.00	0.00

700011-000167 Dr. Gupta Dr. Rao			Master Occupant Id: 00000136-1		Day Due: 1 Delq Day: 10			
M. Gupta, M.D., N Rao, M.D.			Inactive		Last Payment: 9/20/2002		8,582.55	
(909) 737-0640								
10/1/2002	CPI	CPI Increase	CH	185.04	0.00	0.00	185.04	0.00
10/1/2002	RNT	Base Rent	CH	2,675.82	0.00	0.00	2,675.82	0.00
Dr. Gupta Dr. Rao Total:				2,860.86	0.00	0.00	2,860.86	0.00

700011-000399 Dr. Gupta Dr. Rao			Master Occupant Id: 00000136-2		Day Due: 1 Delq Day: 10			
M. Gupta, M.D., N Rao, M.D.			Current		Last Payment:			
(909) 737-0640								
11/1/2002	RNT	Base Rent	CH	2,935.24	0.00	2,935.24	0.00	0.00
12/1/2002	RNT	Base Rent	CH	2,935.24	2,935.24	0.00	0.00	0.00
Dr. Gupta Dr. Rao Total:				5,870.48	2,935.24	2,935.24	0.00	0.00

700011-000171 Richard L. Rouhe, M.D.			Master Occupant Id: 00000142-1		Day Due: 1 Delq Day: 10			
Richard L. Rouhe, M.D.			GRG1 Current		Last Payment: 12/6/2002		35.00	
(909) 735-6060								
7/17/2002	RNT	Base Rent	CR	-35.00	0.00	0.00	0.00	-35.00
12/1/2002	PKG	Parking	CH	35.00	35.00	0.00	0.00	0.00
Richard L. Rouhe, M.D. Total:				0.00	35.00	0.00	0.00	-35.00

700011-000172 Terry Sanderfor, M.D.			Master Occupant Id: 00000143-1		Day Due: 1 Delq Day: 10			
Terry Sanderfor, M.D.			GRG2 Current		Last Payment: 11/21/2002		140.00	
(909) 371-1721								
12/1/2002	PKG	Parking	CH	70.00	70.00	0.00	0.00	0.00
Terry Sanderfor, M.D. Total:				70.00	70.00	0.00	0.00	0.00
ENTITY 700011 Total:				11,616.91	5,855.81	2,935.24	2,860.86	0.00
								-35.00

Database: JMA	Aged Delinquencies	Page: 2
ENTITY: 700012	JMA	Date: 1/3/2003
	Corona Reg Med Ctr-CMC	Time: 07:15 PM
	Period: 12/02	

Invoice Date	Category	Source	Amount	Current	1 Month	2 Months	3 Months	4 Months
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700012-104	John E. Elliott DDS	Master Occupant Id: 00000047-1	Day Due: 1	Delq Day: 10
	John E. Elliott DDS	104 Current	Last Payment: 12/2/2002	1,656.07
	(909) 278-3304			

12/1/2002	CPI	CPI Increase	CH	0.65	0.65	0.00	0.00	0.00	0.00
John E. Elliott DDS Total:				0.65	0.65	0.00	0.00	0.00	0.00

700012-000158	CRMC Cancer Center	Master Occupant Id: 00000129-1	Day Due: 1	Delq Day: 6
	John Calderone Ph.D	202 Inactive	Last Payment: 12/2/2002	3,314.27
	(909) 735-6240			

8/1/2002	CPI	CPI Increase	CH	199.27	0.00	0.00	0.00	0.00	199.27
8/1/2002	CPI	CPI Increase	CH	199.27	0.00	0.00	0.00	199.27	0.00
9/1/2002	RNT	Base Rent	CH	2,915.31	0.00	0.00	0.00	2,915.31	0.00
CRMC Cancer Center Total:				3,313.85	0.00	0.00	0.00	3,114.58	199.27

700012-000381	Compassionate Cancer Medical G	Master Occupant Id: 00000332-1	Day Due: 1	Delq Day: 10
	Hareesh S. Jhangiani, M.D	202 Current	Last Payment: 12/2/2002	310.71
	(909) 371-2411			

12/1/2002	RNT	Base Rent	CH	3,314.27	3,314.27	0.00	0.00	0.00	0.00
Compassionate Cancer Medical G Total:				3,314.27	3,314.27	0.00	0.00	0.00	0.00
ENTITY 700012 Total:				6,628.77	3,314.92	0.00	0.00	3,114.58	199.27

Database: JMA	Aged Delinquencies		Page: 3
ENTITY: 700013	JMA		Date: 1/3/2003
	Corona Reg Med Ctr-Magnolia		Time: 07:15 PM
	Period: 12/02		

Invoice Date	Category	Source	Amount	Current	1 Month	2 Months	3 Months	4 Months
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700013-000440	Isaac K. Tsai, M.D.	Master Occupant Id: 00000057-2	Day Due: 1	Delq Day: 10
	Isaac K. Tsai, M.D.	1E Current	Last Payment: 12/4/2002	1,362.42
(909) 735-4771				

12/1/2002	RNT	Base Rent	CH	273.95	273.95	0.00	0.00	0.00	0.00
Isaac K. Tsai, M.D. Total:				273.95	273.95	0.00	0.00	0.00	0.00

700013-000114	Thomas T. Eng, M.D.	Master Occupant Id: 00000090-1	Day Due: 1	Delq Day: 10
	Thomas T. Eng, M.D.	1H Inactive	Last Payment: 12/4/2002	2,183.28
(909) 371-8109				

12/4/2002	CPI	CPI Increase	CR	-191.04	-191.04	0.00	0.00	0.00	0.00
12/4/2002	RNT	Base Rent	CR	-1,992.24	-1,992.24	0.00	0.00	0.00	0.00
Thomas T. Eng, M.D. Total:				-2,183.28	-2,183.28	0.00	0.00	0.00	0.00

700013-000441	Thomas T. Eng, M.D.	Master Occupant Id: 00000090-2	Day Due: 1	Delq Day: 10
	Thomas T. Eng, M.D.	1H Current	Last Payment:	
(909) 371-8109				

12/1/2002	CPI	CPI Increase	CH	191.04	191.04	0.00	0.00	0.00	0.00
12/1/2002	RNT	Base Rent	CH	1,992.24	1,992.24	0.00	0.00	0.00	0.00
Thomas T. Eng, M.D. Total:				2,183.28	2,183.28	0.00	0.00	0.00	0.00

700013-000118	Yvonne D'Sylva, M.D.	Master Occupant Id: 00000094-1	Day Due: 1	Delq Day: 10
	Yvonne D'Sylva, M.D.	2A Current	Last Payment: 12/11/2002	4,366.47
(909) 736-8144				

12/1/2002	CPI	CPI Increase	CH	130.99	130.99	0.00	0.00	0.00	0.00
Yvonne D'Sylva, M.D. Total:				130.99	130.99	0.00	0.00	0.00	0.00

700013-000121	Anand Prakash, M.D.	Master Occupant Id: 00000097-1	Day Due: 1	Delq Day: 10
	Anand Prakash, M.D.	2D Current	Last Payment: 12/4/2002	2,079.76
(909) 734-6030				

12/4/2002	RNT	Base Rent	CR	-0.06	-0.06	0.00	0.00	0.00	0.00
Anand Prakash, M.D. Total:				-0.06	-0.06	0.00	0.00	0.00	0.00

700013-000122	James S. Minutello, D.D.S.	Master Occupant Id: 00000098-1	Day Due: 1	Delq Day: 10
	James S. Minutello, D.D.S.	2E Current	Last Payment: 12/2/2002	8,867.08
(909) 279-7847				

12/1/2002	CPI	CPI Increase	CH	198.48	198.48	0.00	0.00	0.00	0.00
James S. Minutello, D.D.S. Total:				198.48	198.48	0.00	0.00	0.00	0.00

700013-000124	Terry L. Sanderfer, M.D.	Master Occupant Id: 00000100-1	Day Due: 1	Delq Day: 10
	Terry L. Sanderfer	2G Current	Last Payment: 12/27/2002	3,740.00
(909) 371-1721				

5/1/2000	RNT	Base Rent	CH	651.84	0.00	0.00	0.00	0.00	651.84
6/1/2000	RNT	Base Rent	CH	2,577.96	0.00	0.00	0.00	0.00	2,577.96
7/1/2000	RNT	Base Rent	CH	2,577.96	0.00	0.00	0.00	0.00	2,577.96
8/1/2000	RNT	Base Rent	CH	2,577.96	0.00	0.00	0.00	0.00	2,577.96
9/1/2000	RNT	Base Rent	CH	57.96	0.00	0.00	0.00	0.00	57.96
10/1/2000	RNT	Base Rent	CH	3,200.00	0.00	0.00	0.00	0.00	3,200.00
7/1/2002	RNT	Base Rent	CH	2,740.00	0.00	0.00	0.00	0.00	2,740.00
8/1/2002	RNT	Base Rent	CH	2,740.00	0.00	0.00	0.00	0.00	2,740.00
9/1/2002	RNT	Base Rent	CH	2,740.00	0.00	0.00	2,740.00	0.00	0.00

Database: JMA	Aged Delinquencies		Page: 4
ENTITY: 700013	JMA Corona Reg Med Ctr-Magnolia		Date: 1/3/2003
	Period: 12/02		Time: 07:15 PM

Invoice Date	Category	Source	Amount	Current	1 Month	2 Months	3 Months	4 Months
10/1/2002	CPI CPI Increase	CH	71.24	0.00	0.00	71.24	0.00	0.00
10/1/2002	RNT Base Rent	CH	2,740.00	0.00	0.00	2,740.00	0.00	0.00
11/1/2002	CPI CPI Increase	CH	71.24	0.00	71.24	0.00	0.00	0.00
11/1/2002	RNT Base Rent	CH	2,740.00	0.00	2,740.00	0.00	0.00	0.00
12/1/2002	CPI CPI Increase	CH	71.24	71.24	0.00	0.00	0.00	0.00
12/1/2002	RNT Base Rent	CH	2,740.00	2,740.00	0.00	0.00	0.00	0.00
Terry L. Sandorfer, M.D. Total:			26,297.40	2,811.24	2,811.24	2,811.24	2,740.00	17,123.68

700013-000125 Subhash B. Doshmukh, M.D. Master Occupant Id: 00000101-1 Day Due: Delq Day: 10
 Subhash B. Doshmukh, M.D. 2H Current Last Payment: 11/4/2002 3,334.94
 (909) 735-7200

10/1/2002	CPI CPI Increase	CH	175.77	0.00	0.00	175.77	0.00	0.00
10/1/2002	RNT Base Rent	CH	1,489.29	0.00	0.00	1,489.29	0.00	0.00
11/1/2002	CPI CPI Increase	CH	175.77	0.00	175.77	0.00	0.00	0.00
11/1/2002	RNT Base Rent	CH	1,491.70	0.00	1,491.70	0.00	0.00	0.00
12/1/2002	CPI CPI Increase	CH	175.77	175.77	0.00	0.00	0.00	0.00
12/1/2002	RNT Base Rent	CH	1,491.70	1,491.70	0.00	0.00	0.00	0.00
Subhash B. Doshmukh, M.D. Total:			5,000.00	1,667.47	1,667.47	1,665.06	0.00	0.00

700013-000282 Sai Chundu, M.D. Master Occupant Id: 00000252-1 Day Due: Delq Day: 10
 Sai Chundu, M.D. 1F Current Last Payment: 12/6/2002 261.44
 (909) 737-1917

12/2/2002	CPI CPI Increase	CR	-147.76	-147.76	0.00	0.00	0.00	0.00
Sai Chundu, M.D. Total:			-147.76	-147.76	0.00	0.00	0.00	0.00

700013-000295 James S. Minutello D.D.S. Master Occupant Id: 00000265-1 Day Due: Delq Day: 10
 James S. Minutello, D.D.S. 2EF Current Last Payment:
 (909) 279-7847

8/1/2002	CPI CPI Increase	CH	4.69	0.00	0.00	0.00	0.00	4.69
8/1/2002	RNT Base Rent	CH	234.60	0.00	0.00	0.00	0.00	234.60
9/1/2002	CPI CPI Increase	CH	4.69	0.00	0.00	0.00	4.69	0.00
9/1/2002	RNT Base Rent	CH	234.60	0.00	0.00	0.00	234.60	0.00
10/1/2002	CPI CPI Increase	CH	4.69	0.00	0.00	4.69	0.00	0.00
10/1/2002	RNT Base Rent	CH	234.60	0.00	0.00	234.60	0.00	0.00
11/1/2002	CPI CPI Increase	CH	4.69	0.00	4.69	0.00	0.00	0.00
11/1/2002	RNT Base Rent	CH	234.60	0.00	234.60	0.00	0.00	0.00
12/1/2002	CPI CPI Increase	CH	4.69	4.69	0.00	0.00	0.00	0.00
12/1/2002	RNT Base Rent	CH	234.60	234.60	0.00	0.00	0.00	0.00
James S. Minutello D.D.S. Total:			1,196.45	239.29	239.29	239.29	239.29	239.29

ENTITY 700013 Total: 34,949.45 5,173.60 4,718.00 4,715.59 2,979.29 17,362.97

Grand Total: 53,195.13 14,344.33 7,653.24 7,576.45 6,093.67 17,527.24

Database: JMA

Rent Roll

Corona Reg Med Ctr-Medical Art
12/1/2002

Page: 2
Date: 1/3/2003
Time: 19:18

Suite Id	Tenant Name	Start	Rent Dates -- Expire	NRA Square Footage	Monthly Base Rent	Annual Rate PSF	Monthly Cost Recovery	Expense Stop	Monthly Other Income	Cat	--- Future Rent Increases --- Date	Monthly Amount	PSF
700011 -6	CRMC/Healthy Beginnings	4/1/2002	3/31/2007	0	3,032.89								
700011 -9	Malin Namayakkara, M.D.	1/1/2000	12/31/2003	0	609.11						1/1/2003	26.70	0.00
700011 -9A	CRMC PNST Services	1/1/2000	12/31/2003	0	838.87						1/1/2003	609.11	0.00
700011 -GRG1	Richard L. Roche, M.D.	1/1/2002	1/1/2003	0					35.00		1/1/2003	27.68	0.00
700011 -GRG2	Terry Sanderfer, M.D.	1/1/2002	1/1/2003	0					70.00		1/1/2003	838.87	0.00
700011 -STO1	Marth E. Schusselberg, M.D.	1/1/2002	12/31/2002	0	86.50								
<p>Total Corona Reg Med Ctr-Medical Art:</p> <p>Occupied Sqft: 0.00%</p> <p>Vacant Sqft: 0.00%</p> <p>Total Sqft: 0 (0 Units)</p> <p>Leased/Unoccupied Sqft: 0 (0 Units)</p>													

Rent Roll

Corona Reg Med Ctr-CMC
12/1/2002

Page: 3
Date: 1/3/2003
Time: 16:19

Suite Id	Tenant Name	Start	Expire	NPA Square Footage	Monthly Base Rent	Annual Rate PSF	Monthly Cost Recovery	Expense Stop	Monthly Other Income	Cat	Future Rent Increases - Date	Monthly Amount	PSF
----------	-------------	-------	--------	--------------------	-------------------	-----------------	-----------------------	--------------	----------------------	-----	------------------------------	----------------	-----

Occupied Suites

700012 -00	CRMC Continuing Education	4/1/1998	3/31/2003	0	18,645.30								
700012 -101	Vinod Malhotra, M.D.	8/1/2001	7/31/2002	0	650.01								
700012 -103	Tra T. Nguyen, M.D.	4/1/2002	3/31/2003	0	446.24								
700012 -104	John E. Elliott DDS	9/1/1998	6/31/2003	0	1,656.07								
700012 -105	Brenda Hoffman, M.D.	11/1/2001	10/31/2004	0	1,735.41								
700012 -107	Yoursef Rajabi, DDS	5/1/1999	4/30/2004	0	2,371.00								
700012 -108	Vishvan Tarfa, M.D.	12/1/2001	11/30/2006	0	4,393.61								
700012 -109	Charles C. Young, M.D.	11/1/2001	10/31/2004	0	1,717.60								
700012 -110	Purshotam B. Kataria, M.D.	8/1/2000	7/31/2005	0	1,271.12								
700012 -111	Neung S. Kim, M.D.	4/1/1998	3/31/2003	0	3,372.74								
700012 -201	Michael D. Molinari, M.D.	3/1/2002	2/28/2007	0	4,778.72								
700012 -202	Compassionate Cancer Medical G	8/1/2002	7/31/2005	0	3,624.98								
700012 -204	Aroop Meheshwari, M.D.	11/1/2001	10/31/2003	0	1,969.92								
700012 -205	Crescencia D. Barcua, M.D.	9/1/2000	8/31/2003	0	1,723.90								
700012 -207	Moon Y. Lee, M.D.	2/1/1999	1/31/2004	0	2,066.62								
700012 -209	Corona Women's Healthcare Pavi	12/1/1999	11/30/2004	0	8,250.11								

ADD 2/1/2003 310.71
RNT 2/1/2003 3,314.27
0.00

Total Corona Reg Med Ctr-CMC:

Occupied Sqft:	0	0.00%
Vacant Sqft:	0	0.00%
Total Sqft:	0	
Leased/Unoccupied Sqft:	0	
Monthly Cost Recovery:	0.00	
Monthly Other Income:	0.00	
Expense Stop:	0.00	
Future Rent Increases - Monthly Amount:	0.00	
Future Rent Increases - PSF:	0.00	

Database: JMA

Rent Roll

Corona Reg Med Ctr-Magnolia
12/1/2002

Page: 4
Date: 1/3/2003
Time: 19:19

Suite Id	Tenant Name	Start	Expire	NRA Square Footage	Monthly Base Rent	Annual Rate PSF	Monthly Cost Recovery	Expense Stop	Monthly Other Income	Monthly Amount	Future Rent Increases --- Date	PSF
----------	-------------	-------	--------	--------------------	-------------------	-----------------	-----------------------	--------------	----------------------	----------------	--------------------------------	-----

Occupied Suites

700013 -1	Vista Hospital Systems	9/1/2001	9/1/2002	0	1,911.00							
700013 -1A	Wilcoffe C. Rahming, M.D.	4/1/2000	3/31/2003	0	1,395.68							
700013 -1B	Hemlala R. Parekh, M.D.	4/1/1998	3/31/2003	0	1,536.88							
700013 -1C	Michael Cross, M.D.	2/1/2000	1/31/2003	0	2,075.04							
700013 -1D	Michael Gelger, M.D.	5/1/1999	4/30/2004	0	2,334.11							
700013 -1E	Isaac K. Tsai, M.D.	11/1/2002	10/31/2007	0	1,482.13							
700013 -1F	Sai Chundru, M.D.	2/6/1998	2/5/2003	0	2,756.24							
700013 -1G	Sudarsan Kumar, M.D.	6/1/1998	5/31/2003	0	2,123.90							
700013 -1H	Thomas T. Eng, M.D.	10/1/2002	9/30/2007	0	2,183.28							
700013 -1J	Bhagat. Uppal D.D.S.	3/15/1998	3/14/2003	0	1,658.73							
700013 -1K	Rupal B. Shah, M.D.	10/1/2002	9/30/2005	0	2,304.60							
700013 -1KA	CRMC	10/1/2002	9/30/2003	0	414.00							
700013 -2A	Yvonne D'Silva, M.D.	12/1/2000	11/30/2005	0	4,497.46							
700013 -2C	Asif Ali Inam, M.D.	8/1/1998	7/31/2003	0	2,197.67							
700013 -2D	Anand Prakash, M.D.	8/1/2001	9/30/2004	0	2,079.70							
700013 -2E	James S. Minutello, D.D.S.	7/8/1999	7/7/2004	0	2,226.77							
700013 -2EF	James S. Minutello D.D.S.	1/1/2002	7/31/2004	0								
700013 -2F	Sampat S. Saste, M.D.	1/1/2001	12/31/2005	0	1,814.09							
700013 -2G	Terry L. Sanderfer, M.D.	10/1/2001	9/30/2004	0	2,811.24							
700013 -2H	Subhash B. Deshmukh, M.D.	4/1/1998	3/31/2003	0	1,667.47							
700013 -2J	Amin F. Attia, M.D. Fadia R. Al	10/1/2001	9/30/2006	0	2,199.80							
700013 -2K	Calvin H. Hicks, M.D.	11/1/2001	10/31/2004	0	2,105.62							

CFI 1/1/2003 59.86 0.00
RNT 1/1/2003 1,814.09 0.00

Page: 1.5
Date: 1/3/2003
Time: 19:19

Rent Roll
Corona Reg Med Ctr-Magnolia
12/1/2002

Database: JIMA

Suite id	Tenant Name	--- Rent Dates --- Start	Expire	NRA Square Footage	Monthly Base Rent	Annual Rate PSF	Monthly Cost Recovery	Expense Step	Monthly Other Income	Cat	--- Future Rent Increases --- Date	Monthly Amount	PSF
-------------	-------------	-----------------------------	--------	-----------------------	----------------------	--------------------	--------------------------	-----------------	-------------------------	-----	---------------------------------------	----------------	-----

Total Corona Reg Med Ctr-Magnolia: Occupied Sqft: 0.00%
 Vacant Sqft: 0.00%
 Total Sqft: 0
 Leased/Unoccupied Sqft: 0 0.00

Grand Total: Occupied Sqft: 0.00%
 Vacant Sqft: 0.00%
 Total Sqft: 0
 Leased/Unoccupied Sqft: 0 0.00

				0	43,775.41		0.00		0.00			0.00	
				0	(0 Units)								
				0	(0 Units)								
				0	0.00		0.00		0.00			0.00	
				0	143,635.70		0.00		105.00				
				0	(0 Units)								
				0	(0 Units)								
				0	0.00		0.00		0.00			0.00	

French Hospital Medical Center
 Rent Roll-Up for:
 Pacific Medical Plaza
 1941 Pacific Street
 San Luis Obispo, CA 93401

This is part of a Master Lease Agreement.

Suite Number	Tenant Name	Lease Term			Square Footage	Monthly Base Rent	Rate Per Square Foot	Security Deposit	Renewal/Cancellation
		Start	Expire	End					
303	Pacific Coast Physicians	2/1/1999	2/1/2003	7,121	\$12,817.80	\$1.80	\$0.00	Will begin negotiating for new lease	
301	Central Coast Pediatrics	8/1/1990	7/31/1995	4,092	\$7,370.13	\$1.80	\$0.00	Currently month to month, unofficial information that tenant may relocating	
200A	James Longabaugh, MD	11/1/1996	10/31/2001	1,396	\$2,646.83	\$1.90	\$0.00	Currently negotiating renewal	
203	Women's Healthcare	11/15/2002	11/1/2003	2,571	\$5,270.55	\$2.05	\$0.00		
202	Time Share	ibid	ibid	2,469	ibid	ibid	\$0.00	Currently negotiating with a part time tenant	
201	Oncology/Hematology Assoc.	4/1/2002	4/1/2003	3,521	\$6,866.00	\$1.95	\$0.00		
200	Sorhya Carabell, MD	2/1/1998	2/1/2003	516	\$1,006.20	\$1.95	\$0.00	Will begin negotiating for new lease	
105	Lawrence Fogel, MD	3/15/1997	3/14/1999	1,612	\$2,949.96	\$1.83	\$0.00	Currently negotiating renewal	
102	Coastal Cardiology	7/1/2000	10/31/2005	1,923	\$3,846.00	\$2.00	\$0.00		
101	Heart Associates	2/1/1998	1/31/2003	3,012	\$5,421.60	\$1.80	\$0.00	Currently negotiating for renewal	
100	Pharmacia	9/1/1998	8/31/2003	711	\$1,428.75	\$2.00	\$0.00		
					<u>\$49,623.82</u>				

There are no delinquencies in rent, (not all of January's are received, all rents have been paid on a monthly basis)
 There are no special terms or conditions, no tenant options to process, no rebates or concessions, and all TI's have been paid are are free of defects to our knowledge.

SCHEDULE 5.24

TRANSACTIONS WITH AFFILIATES

None.

SCHEDULE 5.27(c)

NOTICES OF NONCOMPLIANCE WITH LAWS

None.

SCHEDULE 5.27(d)
UNFILED COST REPORTS

No exceptions to report.

SCHEDULE 5.30

SUPPLIERS

No supplier exceeds the threshold.

SCHEDULE 5.31

TAXES

French and Arroyo Grande: No exceptions and/or deficiencies.

CRMC: There are two separate payroll systems as Corona – one for employees and one for senior management and Vista corporate. These payrolls operate on different payment schedules (biweekly vs. semi-monthly). The IRS routinely takes the position each quarter that taxes have not been paid on the senior management and corporate payroll, but the discrepancy in timing is explained and resolved each quarter.

SCHEDULE 5.31(a)

TAX LIENS

No tax liens to report for any of the Hospitals.

SCHEDULE 5.31(c)

TAX RETURNS

French and Vista: No IRS audits have been conducted.

CRMC: For the tax period December 31, 2001 there is a reported underpayment of \$842.00 plus penalty and interest of \$64.97. Apparently the 990 was filed by Stonefield Josephson with no amount due, but the IRS disputes that filing.

Income Tax Returns filed for taxable periods ending on or after June 30, 1998:

Vista Hospital Systems

1998	1999	2000	2001
Form 990 (amended)	Form 990 (amended)	Form 990 (amended)	Form 990
Form 990-T (amended)	Form 990-T (amended)	Form 990-T	Form 990-T
CA Form 5806 (amended)	CA Form 199 (amended)	CA Form 199 (amended)	CA Form 199
CA Form 5806 (amended)	CA Form 109 (amended)	Form 5471	CA Form 109
			Form 5471

French Hospital Medical Center

1998	1999	2000	2001
Form 990 (amended)	Form 990 (amended)	Form 990	Form 990
Form 990-T (amended)	Form 990-T	Form 990-T	Form 990-T
CA Form 199 (amended)	CA Form 199 (amended)	CA Form 199	CA Form 199
CA Form 109 (amended)	CA From 5806	CA From 5806	CA Form 109

SCHEDULE 5.31(d)

TAX WAIVERS

French and AG: None to report or disclose.

CRMC: There is an extension of the Waiver of Limitations between Vista Hospital Systems, Inc and the State of California Board of Equalization for the period from July 1, 1998 through December 31, 1999. The waiver was executed to allow the dispute of sales tax audit at Corona Regional Medical Center to go through the normal appeals procedure.

SCHEDULE 6.3

LIENS TO SURVIVE CLOSING

None.

SCHEDULE 11.3(a)

SELLER DELIVERIES AT CLOSING

Grant Deeds as to Owned Real Property as per Paragraph 9.8

Bill of Sale, Assignment and Assumption Agreement as per Paragraph 9.8

Certificate of non-foreign status in the form required by Code § 1445.

Officer's Certificate as per Paragraph 9.9

Certified Resolutions as per Paragraph 9.10

Buyer Protection and Bidding Procedures Order as per Paragraph 9.5

Sale Order as per Paragraph 9.5

Certificates regarding tail insurance as per Paragraph 9.15

Opinions of Counsel as per Paragraph 9.16

Physical Inventory as per Paragraph 9.19

SCHEDULE 11.3(b)

BUYER DELIVERIES AT CLOSING

Payment of Purchase Price as per Paragraph 10.3

Officer's Certificate as per Paragraph 10.4

Certified Resolutions as per Paragraph 10.5

SCHEDULE 13.2(a)

CHA RETENTION SCHEDULE

See attached.

RECORDS RETENTION GUIDE

FOR ALL HEALTH CARE PROVIDERS

CHA

WHICH
RECORDS
SHOULD
BE KEPT
AND FOR
HOW LONG?

HEALTH
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CALIFORNIA HEALTHCARE ASSOCIATION

RECORDS RETENTION GUIDE

FOR ALL HEALTH CARE PROVIDERS

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*Seventh Edition
September 2002*

*WHICH
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HOW LONG?*



CALIFORNIA
HEALTHCARE
ASSOCIATION

Sacramento, CA

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PREFACE

This *Records Retention Guide* contains recommendations that pertain to the operations of health care providers. A provider may adopt some or all of the recommendations as part of its standard operating procedures.

The guide is not designed to serve as a substitute for legal counsel. If there are differences of opinion or where the law is unclear, a provider should consult legal counsel and then make retention decisions based on the law and its own philosophy, mission and purpose.

Lois J. Richardson, Esq.
Vice President, Legal Counsel

INTRODUCTION

Health care providers create volumes of records dealing with a variety of matters. Some concern the corporate, business and administrative aspects of their operations. Others document unique areas, such as medical staff activities at hospitals. Still others trace the course of care given to patients. Providers naturally consider retaining any record that is of more than passing interest. However, as records accumulate, they occupy valuable space that often could be put to better use. Storing records off-site or recording them on microfilm or in electronic form may alleviate the problem. However, these alternatives are likely to be expensive and do not address the basic question of *"Which records should be kept and for how long?"*

If health care providers are to deal intelligently with the problem, they must base their decisions upon a firm knowledge of legal requirements and policy considerations. This guide discusses those requirements and considerations, and recommends specific periods for the retention of various classes of records.

The guide is comprised of three sections. The first is a discussion of retention considerations as they pertain to various kinds of records.

The second section is a Recommended Record Retention Schedule. It contains tables listing typical records, recommended retention periods and pertinent statutory or regulatory citations applicable to each health care provider type. This schedule does not list every possible record that may be produced or retained by a health care provider but rather provides recommendations and cites legal standards for the most common documents. For those records not specifically addressed in this guide, CHA recommends considering retention periods for records listed which are of a similar nature or purpose and consulting your legal counsel.

The third section includes appendixes of those cited statutes and regulations of greatest practical utility to the reader. Statutes and regulations, including those not reprinted in the appendixes, may be found on the Internet. Refer to the appendixes for more information about where to find the laws referenced in this manual.

RECORD RETENTION CONSIDERATIONS

PRIMARY CONSIDERATIONS

A record retention schedule that meets the needs of an individual health care provider should result from an evaluation of several important primary considerations. Providers should pay particular attention to the following:

- legal requirements and considerations;
- frequency of use of a record;
- space constraints;
- departmental structure; and
- historical or research uses for the records.

Legal Requirements and Considerations

Record retention schedules must incorporate any applicable legal requirements for the generation, preservation and retention of information. However, it is not always wise to retain records for only the minimum period required by statute or regulation. A statutory or regulatory retention period is no more than a common denominator reflecting numerous policy considerations and political pressures, and may not reflect the actual needs of any one provider. Additionally, other legal concerns may dictate retention for a longer period. A provider should keep records that may be useful in future litigation until the litigation is no longer a reasonable possibility. The Recommended Record Retention Schedule (the Schedule), included in this guide, acknowledges the applicable "limitations period," which defines the maximum time that can pass between an event giving rise to a lawsuit and the initiation of legal action. Of course, providers should retain records that pertain to actual civil litigation or regulatory activities until legal counsel recommends they be destroyed.

Frequency of Use

When establishing retention periods, providers should consider how often records will be needed. Records that are used more frequently should be retained in their original form for longer periods of time. As the frequency of use declines, providers may transfer more important records to an image storage media or to outside storage, or consider whether the records should be destroyed.

Space Constraints

The Schedule acknowledges that most providers have limited storage space. The amount of space available will influence

account. Also recommended is permanent retention of credentialing and other medical staff records, as these contain information that is increasingly the subject of litigation. Finally, a two- or three-year retention period is assigned to various other records that are usually of only transitory interest.

MEDICAL RECORDS

Retention Period Options

Medical records pose special problems. Some California providers choose to permanently keep their medical records. The following table suggests three alternative time periods of retention: legal requirements, CHA's recommendation and an alternative retention period of 25 years.

Legal Requirements

The basic legal requirements shown reflect the retention of medical records by health facilities, home health agencies, primary care clinics and psychology clinics [Title 22, California Code of Regulations, §§ 70751(c) (general acute care hospitals), 71551(c) (acute psychiatric hospitals), 72543(a) (skilled nursing facilities), 73543(a) (intermediate care facilities), 74731(d) (home health agencies), 75055(a)(primary care clinics), 73543(a) (psychology clinics), 77143(c) (psychiatric health facilities) and 79351(c) (chemical dependency recovery hospitals)]. There are no statutory or regulatory requirements applicable to other types of providers, such as individual practitioners, groups of practitioners and unlicensed outpatient facilities or surgery centers.

Retention Period Options for Medical Records			
Patient Type	Legal Requirement	CHA Recommendation	Alternative Retention
Adult and emancipated minor	7 years following discharge	10 years following discharge or final treatment	25 years
Unemancipated minor	At least 1 year after the patient has attained the age of 18, but in no event less than 7 years following discharge	At least 1 year after the patient has attained the age of 18, but in no event less than 10 years following discharge or final treatment	25 years
Pregnant	No specific requirement; above requirements apply	19 years following discharge or final treatment	25 years

The California Legislature has enacted a statute of limitations within which a claimant must file a professional negligence (malpractice) action (Code of Civil Procedure § 340.5). Although the time limits contained in the statute provide some protection to providers, they do not reduce the minimum retention periods specified in the preceding section. The statute of limitations provides that the time limit for the commencement of an action against a health care provider is the earlier of three years after the date of injury or one year after the plaintiff discovers or should have discovered the injury. The period will be lengthened if the provider is guilty of fraud or intentional concealment, or if the lawsuit involves the presence of a foreign object in the patient's body which has no therapeutic or diagnostic purpose. However, absent fraud or the presence of a foreign object, the period will not exceed three years after the date of injury.

Legal actions by minors also ordinarily must begin within three years from the date of the injury. However, if the minor is under the age of six years at the time of the injury, the action must be brought within three years after the injury or prior to his or her eighth birthday, whichever occurs later.

Information provided by a large malpractice insurer indicates that 99 percent of all claims are filed within 10 years of the occurrence giving rise to the claim. Moreover, 99 percent of all claims requesting specific dollar amounts are filed within 10 years of the occurrence. Given the above, retention of medical records for 10 years generally will ensure preservation of the medical record for the time within which a professional negligence action will be brought.

Test Results, Tracings and Recordings

Providers regularly accumulate the results of diagnostic tests performed upon patients, including radiological studies, laboratory analyses, and tracings and recordings of various kinds. Most will be the subject of an interpretation or report.

California regulations require most types of health facilities to place reports of test results in medical records [Title 22, California Code of Regulations, §§ 70749(a)(8) and (9) (general acute care hospitals), 71549(a)(10) and (11) (acute psychiatric hospitals), 72547(a)(7) and (8) (skilled nursing facilities), 73547(a)(8) and (9) (intermediate care facilities), 77141(a) (19), (20) and (21) (psychiatric health facilities)]. In addition, all health care providers must themselves record the results of clinical laboratory tests in the medical record [Health and Safety Code § 123148]. Accordingly, reports of all diagnostic test results and

longer than the minimum prescribed by the law. CHA suggests 10 years in this guide.

There are no laws requiring a minimum retention period for tracings or recordings like EKGs, EEGs, EMGs or videotapes of diagnostic tests (for example, arthroscopes). Depending on the test involved, these materials can be quite bulky. Accordingly, it makes sense to have the responsible physician identify the portions that demonstrate significant or unusual results. The provider should keep those portions for as long as it keeps the medical record. The remainder, which most likely would include most of the tracings or recordings, could be disposed of as soon as the patient is discharged or the treatment is complete.

An exception should be made for fetal heart monitor strips. Hospitals should retain these tracings in their entirety for at least 10 years. This makes it more likely that full monitoring records will be available during the period allowed by the statute of limitations for minors to bring suit. This recommendation assumes that hospitals include in medical records separate labor and delivery records independent of the fetal heart monitor strips [Title 22, California Code of Regulations, § 70749(a)(14) and (15)]. Any analyses of monitorings should appear in the labor and delivery records, and thus, will remain on hand for as long as the medical records exist.

A written policy regarding the retention and destruction of test results, tracings and recordings should be developed and followed consistently to dispute any allegation of spoliation of evidence.

HIV Records

The law does not prescribe special retention periods for information concerning HIV disease, whether it be HIV test results or the diagnosis or treatment of AIDS. Some providers have adopted a policy of keeping HIV test results apart from the medical record or within a separate section. In the past, many attorneys interpreted the special confidentiality laws as requiring this practice. However, the laws now make it clear that HIV test results may be included in the patient's medical record together with all other materials concerning diagnosis and treatment [Health and Safety Code § 120980(1) and Health and Safety Code § 120985(a)].

To avoid violating the special confidentiality laws that apply, however, some providers have continued to keep HIV results apart from the medical records, to avoid releasing the results inadvertently with the rest of the information contained in the records. Typically, these providers ensure that caregivers

to fading. While not expressly required, providers should do the same when they receive *any* document by thermal fax, to ensure that it remains in readable form for as long as the record is retained.

REPORTS OF UNUSUAL OCCURRENCES AND PROBLEM AREAS

California regulations set forth prescribed periods of time for which most types of health facilities must retain reports of unusual occurrences. Each general acute care hospital and acute psychiatric hospital must keep such reports on file at its administrative office for two years [Title 22, California Code of Regulations, §§ 70733(a)(8) (general acute care hospitals) and 71531 (acute psychiatric hospitals)]. Similarly, each skilled nursing facility and primary care clinic must maintain such reports for one year [Title 22, California Code of Regulations, §§ 72541 and 75053] and each psychiatric health facility and chemical dependency recovery hospital must maintain such reports for three years [Title 22, California Code of Regulations, §§ 77137 (psychiatric health facilities) and 79339 (chemical dependency recovery hospitals)]. Additionally, the Joint Commission on Accreditation of Healthcare Organizations and certain peer review organizations have issued directives requiring providers to list identifiable problem areas. Many observers believe that this information should *not* be kept on hand for any length of time, as its disclosure may generate litigation. While health facilities must follow state regulations, they should retain these listings for no more than the time prescribed by law unless advised otherwise by legal counsel.

COMPUTERIZED RECORDS

Health care providers have not escaped the computer revolution. Information formerly stored in paper files now appears on computer disks, and is communicated through electronic means both within and beyond the provider's location. Civil Code § 1633.12 states that if a law requires that a record be retained, the requirement is satisfied by retaining an electronic record, if the electronic record accurately reflects the information set forth when the record was first generated in its final form.

Computerization allows information to be stored in greater quantities, to be placed in varied configurations and to be retrieved rapidly when needed. Most importantly for this discussion, it undercuts one of the primary justifications for having a record retention policy—there is no longer as great a need to purge records because of space constraints. Because computerized records require much less space, the temptation is to retain more information for longer periods.

sensitivity of information. More importantly, the provider should make extensive use of codes, passwords or other methods to limit the data that users must have in order to perform their functions. This will prevent individuals who have a need for some types of information from accessing records beyond their specific purpose.

A computerized records system requires a sophisticated mechanism that tailors each individual password to the data sets that are appropriate for the user and that regulates what a user can do with respect to the data (i.e., delete it, alter it, manipulate it or simply view it). Providers also should investigate the use of encryption devices when sending electronic data to outside recipients. Finally, providers should utilize computer programs that record incidents of access for later analysis. Such analyses would reveal any unusual or inappropriate pattern of access by a user, allowing the provider to investigate and take appropriate action.

CHA has published *The California Patient Privacy Manual* which addresses state and federal laws regarding the confidentiality and security of medical information. (For more information call 800-494-2001 or visit CHA's website at www.calhealth.org.)

Long-Term Storage or Purge

Retention policies for computerized records should focus both on transferring information for longer-term storage and on purging information from the system. Transfer to longer-term storage is the inevitable result of the limited online capacity of any system. Once information is fully transferred, it is no longer available to any terminal user and can be retrieved only through operator intervention. Providers must store the disks in a safe and secure place, and establish a system of access similar to that used for hard copy in storage.

The question of purging information from the system is akin to that of discarding or destroying hard copy. As with hard copy, providers should adopt protocols prescribing the purging of materials after a stated period of time. As with hard copy, this period will vary, depending on the information involved.

Electronic Medical Records

Providers may be especially concerned about the impact of computerization on medical records. Until 1995, the law in California said little about computerization as such. However, in that year a new statute became effective that expressly permits certain providers to computerize any and all medical information, including information that originally was created on hard copy [Health and Safety Code § 123149]. The statute applies to health facilities (including acute care hospitals, acute psychiatric hospitals and skilled nursing facilities), clinics, adult

- safeguards for ensuring the confidentiality of identifiers;
- a mechanism for displaying data on the computer screen prior to the attestation;
- a mechanism for determining the identity of the signer and for storing information;
- a means for recording the date and time of the attestation;
- a back-up procedure for prolonged periods of computer "down time"; and
- a process by which the signer can verify the correct recording of the attestation.

Although the Medicare electronic attestation rules were repealed with the DRG validation requirement, they still furnish helpful standards for providers that want to adopt their own authentication standards for computerized records.

IMAGE STORAGE

Providers may meet legal requirements for the retention of records by using nonerasable optical image reproduction or by using a photostatic, microfilm, microcard, miniature photographic or other photographic copy or reproduction. The technology used for the nonerasable optical image reproduction must not permit additions, deletions or changes to the original. (See *Evidence Code* § 1550.)

An image storage policy should be in writing and should include a list of the types of records to be stored and a schedule of times when imaging should take place. The policy also should note whether the original documentation is to be destroyed, and should establish a retention period for the stored information.

SUBPOENA FOR RECORDS

When a provider receives a subpoena for records, it must carefully determine all information identified in the subpoena that it has under its control. It *cannot* limit disclosure to materials that happen to be held by the department receiving the subpoena. Thus, if a subpoena delivered to the administrative department requires the disclosure of "all medical records and information" held by the provider concerning the treatment of a named patient during a given period, the provider must produce *all* such information under its control, and not just the materials maintained in administration regarding the patient. Additionally, if a hospital

If the records to be disposed of are subject to the federal regulations on the confidentiality of records of alcohol or drug abuse patients treated by a federally assisted program, specific procedures govern the disposal of the records upon cessation of a program. The hospital's legal counsel should be consulted regarding compliance. (*See chapter 17 of the 2002 Consent Manual for more information about records of federally assisted substance abuse programs.*)

A facility may engage an outside company to dispose of records. Any such company would be acting as the provider's agent and, therefore, would be entitled to the same access to the materials as the provider. The provider would have a duty to ensure the company chosen was competent to perform the task and its proposed method of disposal was likely to ensure both the security of the records and their ultimate destruction. A provider that does not ensure records are properly disposed of may suffer, at the very least, embarrassment if material in them later comes to light, and, at worst, liability if the result is the disclosure of patient-identifiable or other confidential information.

RECOMMENDED RECORD RETENTION SCHEDULE

Health care providers, particularly hospitals, are among the most heavily regulated entities in America. State and federal laws specify who is qualified to deliver safe and effective health care, and under what circumstances that care may be provided. In addition, providers are required to meet standards imposed under corporate, labor, tax, workers' compensation, environmental, family and criminal law and many, many others.

In order to show that legally required standards are being met, facilities must document compliance with the law. Records are required by law to be kept by every department of a California health care provider's facility. Sometimes the government specifies precisely how those records are to be maintained and for how long. Most of the time the government does not.

The Schedule that follows gives recommended retention periods for records which are common to health care providers and have statutorily or regulatorily mandated retention periods, or are representative of documents amassed by providers which have no legal retention requirements. For a document not listed, CHA recommends using the retention period listed for a document required for a similar purpose.

The Schedule gives recommendations for a wide variety of health care providers. In the "Provider Types" column, the following definitions apply:

- All providers includes: health facilities, home health agencies, primary care clinics, psychology clinics, individual practitioners, groups of practitioners, surgery centers and unlicensed outpatient facilities.
- Health facilities means a facility that treats persons who are admitted for a 24-hour stay or longer. The term "health facilities" includes the following types of providers: general acute care hospitals, acute psychiatric hospitals, skilled nursing facilities, intermediate care facilities, psychiatric health facilities and chemical dependency recovery hospitals [Health and Safety Code § 1250].

Administrative Records			
Record	Provider Types	Retention Period	Reference/Remarks
Accident or incident reports	All providers	10 years	
Annual reports to California Department of Health Services	Hospitals, intermediate care facilities, home health agencies	Permanent	Regulations require submission of report but do not specify retention period. 22 C.C.R. §§ 70735, 71533, 73541 and 74729.
Appraisal reports	All providers	Permanent	
Audit reports		Permanent	
Birth records to local government	Hospitals, practitioners	Permanent	
Census (daily)	Health facilities	6 years	
Communicable disease reports to state and local health departments	All providers	3 years	
Construction projects		Permanent	
Contracts		Life of contract, plus 6 years (unless contract specifies longer retention)	Contracts between a Medicare-certified hospital and a subcontractor must be kept for the life of the contract, plus four years. 42 C.F.R. § 420.302(b). Contracts related to HIPAA privacy requirements must be kept for 6 years. 45 C.F.R. § 164.530(j)(1)
Corporate records, including the following: Articles of Incorporation; bylaws of the governing body; bylaws of the medical staff; minutes of meetings of the board of directors, executive committee, medical staff		Permanent	Regulations require general acute care hospitals, acute psychiatric hospitals, psychiatric health facilities and chemical dependency recovery hospitals to maintain such documents but do not specify retention periods. 22 C.C.R. §§ 70733, 71531, 77127 and 79337.
Correspondence		6 years	Retain only that of continuing interest. Review annually. Correspondence related to HIPAA privacy requirements must be kept for 6 years. 45 C.F.R. § 164.530(j)(1)
Death records to local government		Permanent	
Deceased patients' property disposition		Health facilities	5 years
Deeds or titles to property	All providers	Permanent	

Administrative Records			
Record	Provider Types	Retention Period	Reference/Remarks
Licenses or certificates		Life of license or certificate, plus 6 years	
Medical device reports (MDR) and records of MDR reportable events	Health facilities, clinics, home health agencies, surgery centers	6 years	File relating to an adverse MDR event must be kept at least 2 years from the date of the event or a period of time equivalent to the expected life of the device, whichever is greater. 21 C.F.R. § 803.18(c).
Medical device tracking records		6 years	Retain for the period of time the device is in use. 21 C.F.R. § 821.60.
Permits	All providers	Life of permit, plus 6 years	
Policy and procedure manuals		Life of manual, plus 6 years	Regulations require general acute care hospitals, acute psychiatric hospitals and psychiatric health facilities to maintain such manuals but do not specify retention periods. 22 C.C.R. §§ 70733, 71531 and 77127. Policies and procedures related to HIPAA privacy requirements must be kept for 6 years. 45 C.F.R. § 164.530(j)(1)
Reports of unusual occurrences	General acute care hospitals, acute psychiatric hospitals	2 years, longer if continuing interest	Must be kept at least 2 years. 22 C.C.R. §§ 70733 and 71531.
	Skilled nursing facilities, primary care clinics	1 year, longer if continuing interest	Must be kept at least 1 year. 22 C.C.R. §§ 72541 and 75053.
	Psychiatric health facilities and chemical dependency recovery hospitals	1 year, longer if continuing interest	Must be kept at least 1 year. 22 C.C.R. §§ 77137 and 79339.
Statistics on admissions and services	All providers	Permanent	Many daily and monthly reports can be destroyed after year-end statistics are compiled.
Survey reports (JCAHO, etc.)		6 years	

Business Records			
Record	Provider Types	Retention Period	Reference/Remarks
Correspondence • General • Credits and collections • Insurance	All providers	6 years	
		6 years	
		6 years	
Disbursements—unclaimed/returned		3 years	Unclaimed checks and disbursements escheat to state after 3 years; the state then attempts to notify recipients. Code of Civ. Proc. § 1513.
Equipment depreciation records		Permanent/ life of equipment, plus 6 years	
Income—daily summary		6 years	
Income tax returns		Permanent	
Invoices • Fixed assets		Permanent/ life of equipment, plus 6 years	
• Accounts receivable/payable		6 years	
Journals – general	6 years		
Ledgers – general	6 years		

Business Records			
Record	Provider Types	Retention Period	Reference/Remarks
Vouchers • Capital expenditures • Cash • Other checks	All providers	Permanent/ life of item, plus 6 years	
Welfare agency records		6 years	
Withholding tax-exemption certificates (W-4 forms)		7 years	
Withholding tax statements (W-2 forms)		4 years	Must be kept at least 4 years. 26 C.F.R. § 31.6001-1.
Workers' compensation records, self-insureds' claims files and claims logs.		4 years after taxes are paid	Must be kept at least 4 years. 26 C.F.R. § 31.6001-1.
		Claim files must be kept for 5 years from date of injury or date on which last compensation benefit paid. Must keep indefinitely if open future medical benefits due (may be microfilmed after 2 years).	Must be kept in California unless written permission is obtained to retain the records out-of-state. 8 C.C.R. § 15400.2.

Dietary Department Records			
Record	Provider Types	Retention Period	Reference/Remarks
Bacteriological testing of ice	Health facilities	2 years	
Dietetic service personnel (number of)		2 years	Regulations require general acute care hospitals and acute psychiatric hospitals to maintain records listing the number of dietetic service workers and their job titles and hours worked, but do not specify retention periods. 22 C.C.R. §§ 70275 and 71245.
Food costs		3 years	

Engineering Records

Record	Provider Types	Retention Period	Reference/Remarks
Equipment operating instructions	All providers	Life of equipment, plus 6 years	
Equipment records		Life of equipment, plus 6 years	
Equipment records on inspection and maintenance		6 years	
Inspection reports of grounds and buildings		1 year	
Maintenance logs (heating, air conditioning, ventilation)		3 years	Regulations require health facilities to keep maintenance logs but do not specify retention periods. 22 C.C.R. §§ 70837(d), 71641(d), 72655(b), 73653(b) and 77155(b).
Purchase orders		6 years	
Thermometer charts and monthly bacteriological tests for autoclaves and sterilizers		3 years	Regulations require general acute care hospitals, acute psychiatric hospitals, skilled nursing facilities and intermediate care facilities to maintain such records for 1 year. 22 C.C.R. §§ 70833, 71637, 72619 and 73677.
Watchman clock dials		2 years	
Work orders		2 years	

Housekeeping Records

Record	Provider Types	Retention Period	Reference/Remarks
Checkout, transfer, isolation records	All providers	2 years	
Cleaning records, policies and procedures		2 years	
Contract files		Life of contract, plus 6 years	
Exterminator records		6 years	

Human Resources Records			
Record	Provider Types	Retention Period	Reference/Remarks
Exposure records – OSHA	All providers	Duration of employment plus 30 years (with limited exceptions)	See 29 C.F.R. § 1020(c)(5) for a definition of exposure records.
Garnishment records		7 years	
Hazardous waste training records		6 years after termination of employment	Persons handling hazardous waste must have specified training and records must be kept for 3 years after separation from job. 22 C.C.R. § 66265.16.
Job classifications		6 years	
Labor/management reporting records		5 years after filing report	
Labor/management collective bargaining agreements, including: <ul style="list-style-type: none"> • Related documents • Certificates • Notices • Memoranda • Related written agreements 		5 years from last effective date	Must be kept at least 5 years. 29 C.F.R. § 516.5.
OSHA logs, summaries and reports; OSHA form 300 Log/301 Incident Reports		6 years	Must be kept for 5 years following the end of the calendar year that the records cover. 29 C.F.R. § 1904.33.
Overtime reports		5 years	

Human Resources Records

Record	Provider Types	Retention Period	Reference/Remarks
Pesticide training program records	All providers	2 years	Providers are required to keep records of training provided on hazards and use of pesticides, including employees' job assignments, dates and extent of training. 3 C.C.R. § 6724.
Volunteer personnel records		6 years after termination of volunteer status	
W-2, W-4 forms		4 years	Must be kept at least 4 years. 26 C.F.R. § 31.6001-1.
Workers' compensation documents		6 years	

Individual Department Records

Record	Provider Types	Retention Period	Reference/Remarks
Budget and budget data	Health facilities	2 years	Individual departments may wish to keep copies of the original records, which are kept at the administrative offices. The department should keep duplicate records only as long as the records are used on a regular basis.
Correspondence, general		2 years	
Incident and accident reports		Discretionary	
Memoranda received		Discretionary	
Memoranda sent		2 years	
Minutes of departmental meetings		2 years	
Personnel records		2 years	
Policy and procedures manuals		6 years	
Departmental			
Other departments		Discretionary	
Requisitions		Discretionary	
Statistics and reports	6 years		

Laboratory and Imaging Records

Record	Provider Types	Retention Period	Reference/Remarks
Blood and blood-product testing records	Blood banks, freestanding and health facility laboratories	10 years – adults 25 years – minors	Records must be kept at least 5 years after processing or 6 months after the latest expiration date for the individual product, whichever is later. 21 C.F.R. § 606.160, 42 C.F.R. §§ 493.1107 and 493.1109.

Laboratory and Imaging Records

Record	Provider Types	Retention Period	Reference/Remarks
Mammography films and reports	Mammography facilities	10 years – adults 25 years – minors	Must be kept in a permanent medical record of the patient for not less than 5 years, or not less than 10 years if no additional mammograms are performed at the facility, or longer as required by state law, unless the original mammogram is transferred to a health care provider of the patient or to the patient directly. 42 U.S.C. § 263b(f)(1)(G(i)); 21 C.F.R. § 900.12(b).
Mammography personnel records		6 years after termination of employment	Documentation of qualifications of interpreting physicians, radiologic technologists and medical physicists must be kept during the term of employment and, following employment, until the next annual inspection has been completed and the FDA has determined that the facility is in compliance with the Mammography Quality Standards Act personnel requirements. 21 C.F.R. § 900.12(a).
Mammography quality assurance records		6 years	Must be kept until the next annual inspection has been completed and the FDA has determined that the facility is in compliance with the quality assurance requirements, or until the test has been performed two additional times at the required frequency, whichever is longer. 21 C.F.R. § 900.12(d).
Pathology reports and slides	Freestanding and health facility laboratories	10 years – adults 25 years – minors	Retain unusual case reports permanently. Reports must be kept at least 10 years. 17 C.C.R. § 1050, 42 C.F.R. § 493.1109.
Patient specimen testing records (including personnel performing the test and, if applicable, instrument printouts)		6 years	Must be kept at least 3 years. Business & Professions Code § 1265; 42 C.F.R. § 493.1107.
Procedure manuals; method of validation		6 years	Must be kept at least 3 years. Business & Professions Code § 1265; 17 C.C.R. § 1050.

Medical Records			
Record	Provider Types	Retention Period	Reference/Remarks
Anatomical gift	Hospital	Permanent	Health and Safety Code § 7151.5(d)
Birth certificates	All providers	Permanent	
Birth room record		Permanent	
Cancer registry files		Permanent	
Death certificates		Permanent	
Emergency department reports	Hospitals with emergency departments	10 years	
Index to patients' medical records/card files	All providers	10 years—adults 25 years—minors	

Medical Records			
Record	Provider Types	Retention Period	Reference/Remarks
Transfer patients: medical and "other" records related to patient transfers to or from the hospital	Hospitals	5 years	Federal law requires maintenance of records for 5 years from date of transfer. 42 U.S.C. 1395cc(a)(1)(I)(ii).

Medical Staff Records			
Record	Provider Types	Retention Period	Reference/Remarks
Allied health professional files, non-employee	Hospitals	Permanent	
Continuing education record		Permanent	
Medical staff applications, rejected		Permanent	
Medical staff committee records, including minutes, reports and other records		Permanent	Regulations require hospitals to maintain such records but do not specify retention periods. 22 C.C.R. §70703, 70733, 71503, 71531, 79303 and 79337.
Medical staff credentialing files		Permanent	
On-call lists	Hospitals with emergency departments	5 years	42 C.F.R. § 489.20(r)
Residents, interns and fellows records	Hospitals	Permanent	

Nuclear Medicine Records			
Record	Provider Types	Retention Period	Reference/Remarks
Calibration records	All providers	3 years	
Exposure records		Permanent	
Film body records		6 years	
Interpretations, consultations, and procedures reports		6 years	Must keep at least 5 years. 42 C.F.R. § 482.53
Radiation dose records		Permanent	
Receipt and disposition of radiopharmaceuticals	Hospitals	6 years	Must keep at least 5 years. 42 C.F.R. § 482.53
Reports of overexposure	All providers	Permanent	10 C.F.R. § 30.51.
Utilization records		6 years	

Pharmaceutical Records

Record	Provider Types	Retention Period	Reference/Remarks
Prescriptions	Health facilities	3 years	Keep prescriptions for specified controlled substances in a separate file. Must be kept at least 2 years. 21 C.F.R. §1304.04(h).
Prescriptions	Pharmacy	4 years	Must keep for 3 years. Health and Safety Code § 11179. Prescriptions for controlled substances must be kept separate from prescriptions for non-controlled substances. Health and Safety Code § 11205.
Recall records	Health facilities	2 years	
Records of sale, acquisition and disposition of drugs	Health facilities, pharmacy	4 years	Must keep 3 years. Business and Professions Code §§ 4081 and 4333. Must be kept on the licensed premises unless a written waiver is granted by the Board of Pharmacy. See 16 C.C.R. § 1707.

Public Relations Records

Record	Provider Types	Retention Period	Reference/Remarks
Clippings (historical)	All providers	Permanent	
Contributor records		Permanent	
Permission to release information/photographs		7 years	
Photographs—institutional		Permanent	
Press releases		2 years	
Publications (in-house)		Permanent	

Purchasing and Receiving Records

Record	Provider Types	Retention Period	Reference/Remarks
Packing slips	All providers	3 months	
Purchase orders		2 years	
Purchase requisitions		2 years	
Receiving reports		2 years	
Returned goods credits		2 years	

CALIFORNIA LAW

General Information Regarding State Laws ---

A state statute is written by a California Senator or Assembly Member. It is voted on by the California Senate and Assembly, and then signed by the Governor. A state statute is referenced like this: Civil Code § 56 or Health and Safety Code § 819. State statutes may be found at www.leginfo.ca.gov. Proposed laws (Assembly Bills and Senate Bills) may also be found at this website.

A state regulation is written by a state agency such as the Department of Health Services or the Department of Mental Health. A short description of the proposed regulation is published in the "Z Register" so that the general public and lobbyists may request a copy of the exact text of the proposed regulation and comment on it. The state agency must summarize and respond to each comment it receives on the proposed regulation. The agency may or may not make changes to the proposed regulation based on the comments. A notice that the final regulation has been officially adopted is also published in the "Z Register." A state regulation is referenced like this: Title 22, C.C.R. § 658. "C.C.R." stands for "California Code of Regulations." State regulations may be found at www.calregs.com.

A state law must be obeyed in California only. If a California law conflicts with a federal law, the federal law prevails, unless the federal law expressly states otherwise.

California Business and Professions Code ---

§ 1265. Clinical laboratory licenses or registrations; issuance requirements; application contents; liability for violations; revocation; change of ownership

(j) (1)

(2) (A) Notwithstanding any other provision of law, owners and laboratory directors of all clinical laboratories, including those laboratories that cease operations, shall preserve medical records and laboratory records, as defined in this section, for three years from the date of testing, examination or purchase, unless a longer retention period is required pursuant to any other provision of law, and shall maintain an ability to provide those records when requested by the department or any duly authorized representative of the department.

(B) For purposes of this subdivision, "medical records" means the test requisition or test authorization, or the patient's chart or medical record, if used as the test requisition, the final and preliminary test or examination result, and the name of the person contacted if the laboratory test or examination result indicated an imminent life-threatening result or was of panic value.

- (D) Records of quality-control procedures in use in the various technical areas of laboratory, including results on standards and reference materials and action limits when appropriate.
 - (E) Additional requirements for cytology. The laboratory shall retain all cytology slides and cell blocks for a minimum of five (5) years and all cytology reports for a minimum of ten (10) years.
- (2) Cytology Specimen Documents. The laboratory shall maintain cytology records indicating the daily accession of specimens, each of which is numbered, and an appropriate cross-filing system according to the patient's name.
- (A) Requests shall contain at least the following information:
 1. The laboratory accession number when assigned by the laboratory.
 2. The name of the person from whom the specimen was taken.
 3. The name of the licensed physician or other authorized person or clinical laboratory who submitted the specimen.
 4. Minimum information provided shall include: source of specimen (anatomic site), age of patient, previous therapy (endocrine, surgical, radiation, birth control, etc.), gynecologic history on cervical-vaginal specimens, including date and normalcy of patient's last menstrual period, duration of patient's current pregnancy, if any, and patient's menopausal status or essential history on non-gynecologic specimen.
 5. The date the specimen was collected.
 - (B) Reports shall contain at least the following information:
 1. The dates the specimen was collected, received in the laboratory and reported by the laboratory, and the accession number.
 2. The result of the laboratory examination.
- (3) Cytology Laboratory Records.
- (A) The laboratory director shall be responsible for the final laboratory report and shall sign all abnormal and all non-gynecological reports. Each report, or a laboratory copy, shall be signed or initialed by the cytopathologist and/or cytotechnologist who examined the preparation and evaluated the final report. The names of all persons who examined the specimen and their evaluation, if inconsistent with the final report, shall be indicated on the laboratory work sheet or report copy.
 - (B) Duplicate copies of laboratory reports are filed in a manner which permits ready identification and accessibility.
 - (C) Laboratories shall utilize reporting systems that are as explicit as is cytologically feasible and must include acceptable morphologic terminology.

- (d) If an employing unit processes and maintains records in the form of magnetic media such as tapes or disks, then records include, but are not limited to, these magnetic devices or other machine sensible media.
- (1) The procedures built into a computer's accounting program shall include a method of producing from punched cards, disks or tapes visible and legible records which will provide the necessary information for the verification of information required by this regulation.
 - (2) Magnetic media records which reflect payments for personal services shall be retained. Examples of such records include, but are not limited to, the following:
 - (A) Calendar year to date payroll master file.
 - (B) Vendor transaction history file.
 - (C) General ledger account distribution file.
 - (3) The records shall provide the opportunity to trace any transaction back to the original source or forward to a final total. The audit trail shall be designed so that the details underlying the summary accounting data, such as invoices and vouchers, may be identified and made available to the director upon request.
 - (4) A description of the electronic data processing portion of the accounting system shall be available. The statements and illustrations as to the scope of operations shall be sufficiently detailed to indicate (a) the application being performed, (b) the procedures employed in each application (which, for example, might be supported by flow charts, block diagrams or other satisfactory descriptions or input or output procedures), and (c) the controls used to ensure accurate and reliable processing. Important changes, together with their effective dates, shall be noted in order to preserve an accurate chronological record.
 - (5) Substitution of hard copy records maintained or magnetic media do not meet the requirements of this section.
 - (6) If an employer engages an outside service bureau to process and maintain any of the records described in this section then it is the responsibility of the employer to meet the requirements of this section.
- (e) In the event the records of an employing unit do not indicate the particular days during any week on which a worker performed services it shall be presumed, in the absence of evidence to the contrary, that the worker performed services on each day of such week.

22 C.C.R. § 51476. [Medi-Cal] Keeping and Availability of Records

- (a) Each provider shall keep, maintain and have readily retrievable, such records as are necessary to fully disclose the type and extent of services provided to a Medi-Cal beneficiary. Required records shall be made at or near the time at which the service is rendered. Such records shall include, but not be limited to the following:
 - (1) Billings.

- (3) Name, strength and quantity of the item prescribed.
 - (4) Directions for use.
- (e) Records of medical transportation providers shall include, in addition to (a):
- (1) Time and date of service for each beneficiary.
 - (2) Odometer readings at each pick-up and delivery location.
 - (3) The provider assigned vehicle identification code and name of the operator providing the service.
 - (4) Names of beneficiaries transported in total or partial group runs.
- (f) Records of providers of psychiatric and psychological services shall include in addition to (a):
- (1) Patient logs, appointment books or similar documents showing the date and time allotted for appointment of each patient or group of patients, and the time actually spent with such patients.
- (g) A provider shall make available, during regular business hours, all pertinent financial books and all records concerning the provision of health care services to a Medi-Cal beneficiary, and all records required to be made and retained by this section, to any duly authorized representative of the Department acting in the scope and course of employment including, but not limited to, employees of the Attorney General, Medi-Cal Fraud Unit duly authorized and acting within the scope and course of their employment. Failure to produce records may result in sanctions, audit adjustments, or recovery of overpayments, in accordance with § 51458.1 of this title.

General Acute Care Hospital Licensing Requirements

22 C.C.R. § 70223. Surgical Service General Requirements

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- (f) A register of operations shall be maintained including the following information for each surgical procedure performed:
- (1) Name, age, sex and hospital admitting number of the patient.
 - (2) Date and time of the operation and the operating room number.
 - (3) Preoperative and postoperative diagnosis.
 - (4) Name of surgeon, assistants, anesthesiologists and scrub and circulating assistant.
 - (5) Surgical procedure performed and anesthetic agent used.
 - (6) Complications, if any, during the operation.

- (C) Identification number (if applicable).
 - 1. Social Security.
 - 2. Medicare.
 - 3. Medi-Cal.
 - (D) Age.
 - (E) Sex.
 - (F) Marital status.
 - (G) Religion.
 - (H) Date of admission.
 - (I) Date of discharge.
 - (J) Name, address and telephone number of person or agency responsible for patient.
 - (K) Name of patient's admitting physician.
 - (L) Initial diagnostic impression.
 - (M) Discharge or final diagnosis.
- (2) History and physical examination.
 - (3) Consultation reports.
 - (4) Order sheet including medication, treatment and diet orders.
 - (5) Progress notes including current or working diagnosis.
 - (6) Nurses' notes which shall include but not be limited to the following:
 - (A) Concise and accurate record of nursing care administered.
 - (B) Record of pertinent observations including psychosocial and physical manifestations as well as incidents and unusual occurrences, and relevant nursing interpretation of such observations.
 - (C) Name, dosage and time of administration of medications and treatment. Route of administration and site of injection shall be recorded if other than by oral administration.
 - (D) Record of type of restraint and time of application and removal. The time of application and removal shall not be required for soft tie restraints used for support and protection of the patient.

- (5) Reports of inspections by local, state and federal agencies.
 - (6) All contracts, leases and other agreements required by these regulations.
 - (7) Patient admission roster.
 - (8) Reports of unusual occurrences for the proceeding two years.
 - (9) Personnel records.
 - (10) Policy manuals.
 - (11) Procedure manuals.
 - (12) Minutes and reports of the hospital infection control committee.
 - (13) Any other records deemed necessary for the direct enforcement of these regulations by the department.
- (b) The records and reports mentioned or referred to above shall be made available for inspection by any duly authorized officer, employee or agent of the department.

22 C.C.R. § 71549. Medical Record Content

- (a) Each inpatient medical record shall consist of at least the following:
- (1) Identification sheets to include but not be limited to the following:
 - (A) Name.
 - (B) Address on admission.
 - (C) Identification number (if applicable).
 1. Hospital admission number.
 2. Social Security number.
 3. Medicare number.
 4. Medi-Cal number.
 - (D) Age.
 - (E) Sex.
 - (F) Marital status.
 - (G) Legal status.
 - (H) Religion.
 - (I) Date of admission.

- (16) Labor record, if applicable.
- (17) Delivery record, if applicable.
- (18) A discharge summary which shall briefly recapitulate the significant findings and events of the patient's hospitalization, the patient's condition on discharge and the recommendation and arrangements for future care.

22 C.C.R. § 71551. Medical Record Availability

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- (c) Patient records including X-ray film or reproductions thereof shall be preserved safely for a minimum of seven years following discharge of the patient, except that the records of unemancipated minors shall be kept at least one year after such minor has reached the age of 18 years and, in any case, not less than seven years.
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Skilled Nursing Facility Licensing Regulations

22 C.C.R. § 72543. Patients' Health Records

- (a) Records shall be permanent, either typewritten or legibly written in ink, be capable of being photocopied and shall be kept on all patients admitted or accepted for care. All health records of discharged patients shall be completed and filed within 30 days after discharge date and such records shall be kept for a minimum of seven years, except for minors whose records shall be kept at least until one year after the minor has reached the age of 18 years, but in no case less than seven years. All exposed X-ray film shall be retained for seven years. All required records, either originals or accurate reproductions thereof, shall be maintained in such form as to be legible and readily available upon the request of the attending physician, the facility staff or any authorized officer, agent, or employee of either, or any other person authorized by law to make such request.
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22 C.C.R. § 72547. Content of Health Records

- (a) A facility shall maintain for each patient a health record which shall include:
 - (1) Admission record.
 - (2) Current report of physical examination, and evidence of tuberculosis screening.
 - (3) Current diagnoses.
 - (4) Physician orders, including drugs, treatment and diet orders, progress notes, signed and dated on each visit. Physician's orders shall be correctly recapitulated.
 - (5) Nurses' notes which shall be signed and dated. Nurses' notes shall include:

- (13) Consent forms for prescribed treatment and medication not included in the admission consent for care.
- (14) Condition and diagnoses of the patient at time of discharge or final disposition.
- (15) A copy of the transfer form when the patient is transferred to another health facility.
- (16) An inventory of all patients' personal effects and valuables as defined in § 72545(a)(12) made upon admission and discharge. The inventory list shall be signed by a representative of the facility and the patient or his authorized representative with one copy to be retained by each.
- (17) The name, complete address and telephone number where the patient was transferred upon discharge from the facility.

Intermediate Care Facility Licensing Regulations

22 C.C.R. § 73543. Patients' Health Records

- (a) Records shall be permanent, either typewritten or legibly written with pen and ink and shall be kept on all patients admitted or accepted for treatment. All health and social records of discharged patients shall be completed and filed within 30 days and such records shall be kept for a minimum of seven years, except for minors whose records shall be kept at least until one year after the minor has reached the age of 18 but in no case less than seven years. If a facility operates an X-ray unit, all exposed X-ray film shall be retained for seven years. All required records, either originals or faithful and accurate reproductions thereof, shall be maintained in such form as to be legible and readily available upon request of the attending physician, the facility or any authorized officer, agent or employee of either or any other person authorized by law to make such request.

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22 C.C.R. § 73547. Content of Health Records

- (a) A facility shall maintain for each patient a health record which shall include the following:
 - (1) Diagnoses (current).
 - (2) Drug and treatment orders.
 - (3) Diet orders.
 - (4) Progress notes written at the time of visit by professional personnel in attendance to the patient.
 - (5) Nurses' notes which shall include:
 - (A) Narrative notes made by nurses' aides when appropriate, and after such aides have been properly instructed. They shall include:
 - 1. Care and treatment done with and for the patient.

patient or his authorized representative with one copy to be retained by each.

Home Health Agency Licensing Regulations

22 C.C.R. § 74731. Patients' Health Record Availability

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- (d) Health records of each discharged adult patient shall be kept for a minimum of seven years following discharge of the patient. The health record of a discharged minor shall be kept for at least one year after the minor has reached the age of 18 years and in all cases not less than seven years.

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22 C.C.R. § 74735. Patient Health Records

- (a) The agency shall establish and maintain for each patient accepted for care a health record which shall include the following information:
- (1) Admission record. The admission record shall include:
 - (A) Name.
 - (B) Current address.
 - (C) Date of birth.
 - (D) Sex.
 - (E) Date of admission.
 - (F) Name, address, and telephone number of the responsible party.
 - (G) Name, address, and telephone number of the attending physician, dentist, podiatrist, or other licensed and legally authorized person whose orders or recommendations are being implemented by the home health agency.
 - (H) Admission diagnosis or pertinent health information.
 - (I) Reason for admission.
 - (2) Notation of the conditions and diagnoses which are relevant to the plan of treatment, plan of care, or plan for personal care services.
 - (3) Plan of treatment, plan of care, or plan for personal care services in its entirety as specified in § 74697.
 - (4) Allergies and known untoward reactions to drugs and food. This information shall be given such prominence in the record that it is obvious to any health practitioner or agency personnel who have reasons to provide food or medication to the patient.

- (8) Reports of unusual occurrences for the preceding three years.
 - (9) Personnel records, including credential files.
 - (10) Policy manuals.
 - (11) Procedure manuals.
 - (12) Any other records deemed necessary by the Department for the direct enforcement of these regulations.
- (b) The records and reports specified above shall be made available for inspecting by any duly authorized officer, employee or agent of the Department.

22 C.C.R. § 77141. Health Record Content

- (a) Each patient's health record shall consist of at least the following:
- (1) Admission and discharge record identification data including, but not limited to, the following:
 - (A) Name.
 - (B) Address on admission.
 - (C) Patient identification number.
 - (D) Social Security number.
 - (E) Date of birth.
 - (F) Sex.
 - (G) Marital status.
 - (H) Legal status.
 - (I) Religion (optional on part of patient).
 - (J) Date of admission.
 - (K) Date of discharge.
 - (L) Name, address and telephone number of person or agency responsible for patient.
 - (M) Initial diagnostic impression.
 - (N) Discharge or final diagnosis.

- (18) All dental records, if applicable.
- (19) Reports of all laboratory tests ordered.
- (20) Reports of all cardiographic or encephalographic tests performed.
- (21) Reports of all X-ray examinations ordered.
- (22) All reports of special studies ordered.
- (23) Acknowledgement in writing of patient's rights, as required in § 77099, signed by patient or person responsible for the patient.
- (24) Denial of patient rights documentation.
- (25) A discharge summary prepared by the admitting practitioner which shall briefly recapitulate the significant findings and events of the patient's treatment, his/her condition on discharge and the recommendation and arrangements for future care.

22 C.C.R. § 77143. Health Record Availability

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- (b) Patient health records or reproductions thereof, shall be safely preserved for a minimum of seven years following discharge of the patient, except that the records of unemancipated minors shall be kept at least one year after such minor has reached the age of 18 years and, in any case, not less than seven years.

Chemical Dependency Recovery Hospital Licensing Regulations

22 C.C.R. § 79337. Records and Reports

- (a) Each CDRH shall maintain copies of the following documents on file in the administrative offices of the CDRH:
 - (1) Articles of incorporation or partnership agreement.
 - (2) Bylaws or rules and regulations of the governing body.
 - (3) Rules and regulations pertaining to all staff including medical, professional and other staff.
 - (4) Minutes of the meetings of the governing body and the medical staff and the professional staff.
 - (5) Reports of inspections by local, state and federal agents.

- (4) Physician's order sheet including medication and diet orders.
- (5) Progress notes which shall include but not be limited to pertinent observations of the patient by the staff responsible for the implementation of the recovery plan.
- (6) Records which shall include but not be limited to pertinent observations of the patient by the staff responsible for the care of the patient.
- (7) Name, dosage and time of administration of medications and treatment. Route of administration and site of injection shall also be recorded if other than by oral administration.
- (8) Signed consent forms including refusal of medication and treatment and authorization for release of information, if requested.
- (9) The medical director, or in the medical director's absence, the designated alternate, shall ensure that the responsible attending physician shall complete a discharge summary which shall include:
 - (A) All final diagnoses, including complications of care, stated in standard medical terminology without abbreviations;
 - (B) All procedures performed;
 - (C) A brief recapitulation of the significant findings and events of the patient's hospitalization;
 - (D) A critical evaluation of the patient's progress in attaining the goals of their individual recovery plan;
 - (E) Condition on discharge;
 - (F) Instructions and arrangements for aftercare;
 - (G) Discharge medications, if any.
- (10) A copy of the transfer information shall be retained in the health record.
- (11) Upon discharge, the individual recovery plan shall be retained in the patient's health record.

22 C.C.R. § 79351. Patient Health Record Availability

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- (b) Patient health records or reproductions thereof shall be preserved safely for a minimum of seven years following discharge of the patient, except that the records of minors shall be kept at least one year after such minor has reached the age of 18 years and, in all cases not less than seven years.
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FEDERAL LAW

General Information Regarding Federal Laws

A federal statute is written by a United States Senator or Representative. It is voted on by the United States Senate and the House of Representatives, and then signed by the President. A federal statute is referenced like this: 42 U.S.C. § 395. "U.S.C." stands for "United States Code." "§" stands for "Section". Federal statutes may be found at www.access.gpo.gov/congress/cong013.html.

A federal regulation is written by a federal agency such as the Department of Health and Human Services or the Food and Drug Administration. The proposed regulation is published in the Federal Register, along with an explanation (called the "preamble") of the regulation so that the general public and lobbyists may comment on it. The federal agency must summarize and respond to each comment it receives on the proposed regulation. The agency may or may not make changes to the proposed regulation based on the comments. The final regulation is also published in the Federal Register. A federal regulation is referenced like this: 42 C.F.R. § 395. "C.F.R." stands for "Code of Federal Regulations." Federal regulations may be found at www.access.gpo.gov/nara/cfr/index.html. The preamble, however, is not published in the Code of Federal Regulations. The Federal Register may be found at the same website as federal regulations.

A federal law must be obeyed throughout the United States, including in California, unless the federal law expressly states otherwise. If a federal law conflicts with a state law, the federal law prevails, unless the federal law expressly states otherwise.

Hospital Manual, HIM-10

§ 413. Retention of Health Insurance Records

Maintain health insurance materials related to services rendered under Title XVIII for the retention periods outlined below unless State law stipulates a longer period. Keep them available for reference by HCFA, intermediary, DHHS audit, or specially designated components for bill review, audit, and other references.

- A. Categories of Health Insurance Records to be Retained.—If these records are microfilmed, also see subsection B.
1. Billing Material.—Hospital copies of forms HCFA-1450 and any other supporting documents e.g., charge slips, daily patient census records, and other business and accounting records referring to specific claims.
 2. Cost Report Material.—All data necessary to support the accuracy of the entries on the annual cost reports, including original invoices, cancelled checks, and hospital copies of material used in preparing them. Also include other similar cost reports, schedules and related worksheets, and contracts or records of dealings with outside sources of medical supplies and services or with related organizations.

- (1) The licensee shall retain each record of receipt of byproduct material as long as the material is possessed and for three years following transfer or disposal of the material.
 - (2) The licensee who transferred the material shall retain each record of transfer for three years after each transfer unless a specific requirement in another part of the regulations in this chapter dictates otherwise.
 - (3) The licensee who disposed of the material shall retain each record of disposal of byproduct material until the Commission terminates each license that authorizes disposal of the material.
- (b) The licensee shall retain each record that is required by the regulations in this part and parts 31 through 36 of this chapter or by license condition for the period specified by the appropriate regulation or license condition. If a retention period is not otherwise specified by regulation or license condition, the record must be retained until the Commission terminates each license that authorizes the activity that is subject to the recordkeeping requirement.
- (c) (1) Records which must be maintained pursuant to this part and parts 31 through 36 of this chapter may be the original or a reproduced copy or microform if such reproduced copy or microform is duly authenticated by authorized personnel and the microform is capable of producing a clear and legible copy after storage for the period specified by Commission regulations. The record may also be stored in electronic media with the capability for producing legible, accurate, and complete records during the required retention period. Records such as letters, drawings, specifications, must include all pertinent information such as stamps, initials, and signatures. The licensee shall maintain adequate safeguards against tampering with and loss of records.
- (2) If there is a conflict between the Commission's regulations in this part and parts 31 through 36 and 39 of this chapter, license condition, or other written Commission approval or authorization pertaining to the retention period for the same type of record, the retention period specified in the regulations in this part and parts 31 through 36 and 39 of this chapter for such records shall apply unless the Commission, pursuant to § 30.11, has granted a specific exemption from the record retention requirements specified in the regulations in this part or parts 31 through 36 and 39 of this chapter.

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10 C.F.R. § 30.52 Inspections

- (a) Each licensee shall afford to the Commission at all reasonable times opportunity to inspect byproduct materials and the premises and facilities wherein byproduct material is used or stored.
- (b) Each licensee shall make available to the Commission for inspection, upon reasonable notice, records kept by him pursuant to the regulations in this chapter.

- (d) *Records of employees.* While not mandatory (except in the case of claims), it is advisable for each employee to keep permanent, accurate records showing the name and address of each employer for whom he performs services as an employee, the dates of beginning and termination of such services, the information with respect to himself which is required by the regulations in this subpart to be kept by employers, and the statements furnished in accordance with the provisions of § 31.6051-1.
- (e) *Place and period for keeping records.*
- (1) All records required by the regulations in this part shall be kept, by the person required to keep them, at one or more convenient and safe locations accessible to internal revenue officers, and shall at all times be available for inspection by such officers.
 - (2) Except as otherwise provided in the following sentence, every person required by the regulations in this part to keep records in respect of a tax (whether or not such person incurs liability for such tax) shall maintain such records for at least four years after the due date of such tax for the return period to which the records relate, or the date such tax is paid, whichever is the later. The records of claimants required by paragraph (c) of this section shall be maintained for a period of at least four years after the date the claim is filed.
- (f) *Cross reference.* See §§ 31.6001-2 to 31.6001-5, inclusive, for additional records required with respect to the Federal Insurance Contributions Act, the Railroad Retirement Tax Act, the Federal Unemployment Tax Act, and the collection of income tax at source on wages, respectively.

Title 27, Code of Federal Regulations _____

Part 22, Distribution and Use of Tax-free Alcohol

27 C.F.R. § 22.164 *Filing and Retention of Records*

Each person required to maintain records of operations and transactions under this part shall:

- (a) Keep on file all records and copies of claims for a period of not less than three years following the date of transaction or, at the discretion of the regional director (compliance), an additional three-year period; and
- (b) Maintain all records at the permit premises, except that the records may be kept at a central location by a State or political subdivision of a State, or the District of Columbia which distributes tax-free alcohol to multiple dependent agencies, institutions, or departments.

- (2) *Wage rate tables.* From their last effective date, all tables or schedules of the employer which provide the piece rates or other rates used in computing straight-time earnings, wages, or salary, or overtime pay computation.
- (b) Order, shipping, and billing records: From the last date of entry, the originals or true copies of all customer orders or invoices received, incoming or outgoing shipping or delivery records, as well as all bills of lading and all billings to customers (not including individual sales slips, cash register tapes or the like) which the employer retains or makes in the usual course of business operations.
- (c) Records of additions to or deductions from wages paid:
 - (1) Those records relating to individual employees referred to in § 516.2(a)(10) and
 - (2) All records used by the employer in determining the original cost, operating and maintenance cost, and depreciation and interest charges, if such costs and charges are involved in the additions to or deductions from wages paid.

Part 1602, Recordkeeping and Reporting Requirements under Title VII and the ADA

29 C.F.R. § 1602.14 Preservation of Records Made or Kept

Any personnel or employment record made or kept by an employer (including but not necessarily limited to requests for reasonable accommodation, application forms submitted by applicants and other records having to do with hiring, promotion, demotion, transfer, lay-off or termination, rates of pay or other terms of compensation, and selection for training or apprenticeship) shall be preserved by the employer for a period of one year from the date of the making of the record or the personnel action involved, whichever occurs later. In the case of involuntary termination of an employee, the personnel records of the individual terminated shall be kept for a period of one year from the date of termination. Where a charge of discrimination has been filed, or an action brought by the Commission or the Attorney General, against an employer under Title VII or the ADA, the respondent employer shall preserve all personnel records relevant to the charge or action until final disposition of the charge or the action. The term "personnel records relevant to the charge," for example, would include personnel or employment records relating to the aggrieved person and to all other employees holding positions similar to that held or sought by the aggrieved person and application forms or test papers completed by an unsuccessful applicant and by all other candidates for the same position as that for which the aggrieved person applied and was rejected. The date of *final disposition of the charge or the action* means the date of expiration of the statutory period within which the aggrieved person may bring an action in a U.S. District Court or, where an action is brought against an employer either by the aggrieved person, the Commission, or by the Attorney General, the date on which such litigation is terminated.

Part 1627, Records to Be Made or Kept Relating to Age

29 C.F.R. § 1627.3 Records to Be Kept by Employers

- (a) Every employer shall make and keep for three years, payroll or other records for each of his employees which contain:

(2) of this section which is relative to such action until the final disposition thereof.

Title 42, Code of Federal Regulations _____

Clinical Laboratory Improvement Act

42 C.F.R. § 493.1105 Standard; Test Requisition

The laboratory must perform tests only at the written or electronic request of an authorized person. Oral requests for laboratory tests are permitted only if the laboratory subsequently requests written authorization for testing within 30 days. The laboratory must maintain the written authorization or documentation of efforts made to obtain a written authorization. Records of test requisitions or test authorizations must be retained for a minimum of two years. The patient's chart or medical record, if used as the test requisition, must be retained for a minimum of two years and must be available to the laboratory at the time of testing and available to HHS upon request. The laboratory must assure that the requisition or test authorization includes:

- (a) The patient's name or other unique identifier;
- (b) The name and address or other suitable identifiers of the authorized person requesting the test and, if appropriate, the individual responsible for utilizing the test results or the name and address of the laboratory submitting the specimen, including, as applicable, a contact person to enable the reporting of imminent life threatening laboratory results or panic values;
- (c) The test(s) to be performed;
- (d) The date of specimen collection;
- (e) For Pap smears, the patient's last menstrual period, age or date of birth, and indication of whether the patient had a previous abnormal report, treatment or biopsy; and
- (f) Any additional information relevant and necessary to a specific test to assure accurate and timely testing and reporting of results.

42 C.F.R. § 493.1107 Standard; Test Records

The laboratory must maintain a record system to ensure reliable identification of patient specimens as they are processed and tested to assure that accurate test results are reported. These records must identify the personnel performing the testing procedure. Records of patient testing, including, if applicable, instrument printouts, must be retained for at least two years. Immunohematology records and transfusion records must be retained for no less than five years in accordance with 21 C.F.R. part 606, subpart I. In addition, records of blood and blood product testing must be maintained for a period not less than five years after processing records have been completed or six months after the latest expiration date, whichever is the later date, in accordance with 21 C.F.R. 606.160(d). The record system must provide documentation of information specified in § 493.1105(a) through (f) and include:

- (a) The patient identification number, accession number, or other unique identification of the specimen;

interpretation of test results, such as test interferences, must be provided upon request. Pertinent updates on testing information must be provided to clients whenever changes occur that affect the test results or interpretation of test results.

- (h) The original report or exact duplicates of test reports must be maintained by the laboratory in a manner that permits ready identification and timely accessibility.

42 C.F.R. § 493.1211(g) Standard; Procedure Manual

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- (g) The laboratory must maintain a copy of each procedure with the dates of initial use and discontinuance. These records must be retained for two years after a procedure has been discontinued.

42 C.F.R. § 493.1219(d)(3) Standard; Remedial Actions

Remedial action policies and procedures must be established by the laboratory and applied as necessary to maintain the laboratory's operation for testing patient specimens in a manner that assures accurate and reliable patient test results and reports. The laboratory must document all remedial actions taken when –

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- (d) Errors in the reported patient test results are detected. The laboratory must—

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- (3) Maintain exact duplicates of the original report as well as the corrected report for two years.

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42 C.F.R. § 493.1257(g) Condition; Cytology

To meet the quality control requirements for cytology, the laboratory must comply with the applicable requirements in §§ 493.1201 through 493.1221 of this subpart and paragraphs (a) through (g) of this section.

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- (g) The laboratory must retain all slide preparations for five years from the date of examination, or slides may be loaned to proficiency testing programs, in lieu of maintaining them for this time period, provided the laboratory receives written acknowledgement of the receipt of slides by the proficiency testing program and maintains the acknowledgement to document the loan of such slides. Documentation for slides loaned or referred for purposes other than proficiency

books, documents, papers, or other records of recipients that are pertinent to the awards, in order to make audits, examinations, excerpts, transcripts and copies of such documents. This right also includes timely and reasonable access to a recipient's personnel file for the purpose of interview and discussion related to such documents. The rights of access in this paragraph are not limited to the required retention period, but shall last as long as records are retained.

- (f) Unless required by statute, the HHS awarding agency will not place restrictions on recipients that limit public access to the records of recipients that are pertinent to an award, except when the HHS awarding agency can demonstrate that such records shall be kept confidential and would have been exempted from disclosure pursuant to the Freedom of Information Act, 5 U.S.C. 552, if the records had belonged to the HHS awarding agency.
- (g) Paragraphs (g)(1) and (g)(2) of this section apply to the following types of documents, and their supporting records: Indirect cost rate computations or proposals, cost allocation plans, and any similar accounting computations of the rate at which a particular group of costs is chargeable (such as computer usage chargeback rates or composite fringe benefit rates).
 - (1) If the recipient submits to the Federal Government or the subrecipient submits to the recipient the proposal, plan, or other computation to form the basis for negotiation of the rate, then the three-year retention period for its supporting records starts on the date of such submission.
 - (2) If the recipient is not required to submit to the Federal Government or the subrecipient is not required to submit to the recipient the proposal, plan, or other computation for negotiation purposes, then the three-year retention period for the proposal, plan, or other computation and its supporting records starts at the end of the fiscal year (or other accounting period) covered by the proposal, plan, or other computation.



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SCHEDULE 13.4

PURCHASE PRICE ALLOCATION

The parties will prepare this schedule not later than 30 days prior to the Closing Date.