



STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE

Arizona Corporation Commission



00290687

EXPEDITED

DUE ON OR BEFORE 10/28/2000

FY00-01

FILING FEE \$10.00

The following information is required by A.R.S. §10-1622 & §10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §10-121.A. & §10-3121.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions on back of form. **REFER TO THE INSTRUCTIONS ON PAGE 4.**

RECEIVED

APR 13 2001

DOCUMENTS ARE SUBJECT
TO REVIEW BEFORE FILING

DELINQUENT ANNUAL REPORT 05/09/2000; CONTACT THE COMMISSION AT 542-3285!

Business Phone: _____ (Business phone is optional.)

State of Domicile: **ARIZONA**

Type of Corporation: **NON-PROFIT**

1. Arizona Statutory Agent: **PETER RANKE**

Street Address: **11608 OAKHURST WAY 10590 E Buttherus**

(NOT P.O. BOX)

City, State, Zip: **SCOTTSDALE**

AZ 85254-85259

IPR

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 10

Penalty \$ _____

Reinstate \$ _____

Expedite \$ 35

Resubmit \$ _____

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are
REQUIRED to complete
this section.)

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- | | |
|---|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. Other _____ |

NON-PROFIT CORPORATIONS

- | |
|--|
| <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Benevolent |
| <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Science/Research |
| <input checked="" type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. Animal Husbandry |
| <input type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Professional, commercial
industrial or trade association |
| <input type="checkbox"/> 17. Other _____ |

5. CAPITALIZATION: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

Number of Shares/Certificates Authorized

Class

Series Within Class (if any)

N/A

EXPEDIENT

Number of Shares/Certificates Issued

Class

Series Within Class (if any)

6. SHAREHOLDERS: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. Please Type or Print Clearly.

Name: _____ Name: _____

NONE ☒

Name: _____ Name: _____

7. OFFICERS Please Type or Print Clearly.

Name: Gary Orman

Title: President

Address: 15856 N Aspen

Fountain Hills, AZ 85268

Date taking office: 1/1/2001

Name: Peter Ranke

Title: Treasurer

Address: 10590 E Butnerus

Scottsdale AZ 85259

Date taking office: 1/1/2001

Name: Tom Pomeroy

Title: Vice President

Address: 65 Biltmore Estates

Phoenix AZ 85016

Date taking office: 1/1/2001

Name: Thom Niemiec

Title: Secretary

Address: 9639 E Caron

Scottsdale AZ 85258

Date taking office: 1/1/2001

8. DIRECTORS Please Type or Print Clearly.

Name: _____

Address: _____

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

Los Ninos Hospital, Inc. (File # 0822143-3)
Financial Disclosure Statement

During the fiscal year, all financial statements were prepared and presented to all interested and government parties on a consolidated basis under the Hacienda, Inc. (File # 0081000-0) corporation. No separate financial reports were published for Los Ninos Hospital, Inc. as the corporation conducted business under Hacienda, Inc.'s corporate structure.

Arizona Children's HealthCare Corporation
HACIENDA, INC. and Los Niños Hospital, Inc.
DIRECTORS AND OFFICERS FOR 2001

Board Member	Home Address/Phone	Business Address/Phone	Employer/Occupation
Gary Orman President 9/17/91	15856 N Aspen Fountain Hills 85268 Phone: 480-836-9922 E-mail: garymikeorman@aol.com	*1228 N. Stadem Drive Tempe 85281 Phone: 480-968-3459, x324 Fax: 480-968-3099 E-mail: gorman@inttechcorp.com	Integrated Technology Corp President
Tom Pomeroy Vice President 8/1/82	65 Biltmore Estates Phoenix 85016 Phone: 602-955-2100 Fax: 602-955-5534	*3134 N. 7th Street Phoenix 85014 Phone: 602-265-8900 Fax: 602-230-0398 E-mail: tom.pomeroy@pomeroygroup.com	President Pomeroy & Pomeroy Insurance
Peter Ranko Treasurer 9/17/91	10590 E. Butherus Scottsdale 85259 Phone: 480-515-5293		Consultant/CPA
Thom Niemiec Secretary 11/18/97	*9639 E. Caron Scottsdale 85258 Phone: 480-860-2880 Fax: 480-657-7188	7975 N. Hayden Rd., D-100 Scottsdale 85258-3241 Phone: 480-281-4024 Fax: 480-281-4001 E-mail: thom.niemiec@techgrp.com	The Tech Group, Inc. Secretary/Treasurer
Ralph Wallwork Board Member 10/17/95	9004 E. Pershing Ave. Scottsdale 85260 Phone: 480-661-8136 Fax: 480-661-8696	*7401 E. Butherus Dr. Scottsdale 85260 Phone: 480-948-5555, x130 Fax: 480-948-1924 E-mail: raiphw@interfaceforce.com	Interface, Inc. Vice President of Finance
Patrick Walsh Board Member 9/17/91	*7955 E. Chaparral, #53 Scottsdale 85250 Phone: 480-946-2691	8800 N. Gainey Ctr. Dr. #175 Scottsdale 85258 Phone: 480-998-9006 x16 Fax: 480-998-2442 Pager: 602-203-6629 E-mail: corporate@first-fedinc.com	First Fed Mortgage, Inc. Broker
Ruth Pearson Board Member 11/1/90	6442 E. Cheney Drive Paradise Valley 85253 Phone: 480-922-8311 Fax: 480-922-2656		Retired
Barry Goldstin Board Member 9/30/94	*9612 E. Cholla Scottsdale 85260 Office 480-451-1418 Fax 480-451-8623	*3134 N. 7th Street Phoenix 85014 Phone: 602-265-8900 Fax: 602-230-0398 E-mail: barry.goldstin@pomeroygroup.com	Pomeroy & Pomeroy Insurance Insurance Agent
Dick Kaupie Board Member 11/19/95	*4316 E. Tether Trail Phoenix 85050 Phone: 480-502-0122 Same Fax (call first) E-mail: copy43@aol.com	(Summer Address) P.O. Box 18704 Munds Park, AZ 86017 Phone: 520-286-9101	Retired

Bruce Samuels
Board Member
12/16/97

40 N. Central Avenue
Phoenix 85004-4429
Phone: 602-262-5311
Fax: 602-734-3859
E-mail: bsamuels@lrlaw.com

Lewis & Roca
Attorney

Alan Propper
Honorary
Board Member

4301 N 21st St., #13
Phoenix 85016
Phone: 602-955-6890

P.O. Box 53999
Mail Station 9905
Phoenix 85072
Phone: 602-250-3148
Fax: 602-250-3399
E-mail: alan.propper@aps.com

Arizona Public Service
Director of Pricing and Regulations

Kimberly Owens
Honorary
Board Member

201 W. Flynn Lane
Phoenix 85013
Phone: 602-274-7066

P. O. Box 21111
Phoenix 85036
Phone: 602-436-5597
Fax: 602-436-6661
E-mail: kowens2@home.com

Honeywell
Project Manager

Los Niños Hospital, Inc

(Business Corporation Name)

0822143-3

(File Number)

STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. §10-1622.A.11.)

Complete the following Balance Sheet; OR

- attach a copy of Schedule L, Form 1120 filed with either the Internal Revenue Service or Arizona Department of Revenue; OR
- attach a copy of the corporation's financial statement as provided to shareholders pursuant to A.R.S. §10-1602.B.4. Inspection of Records by Shareholders; OR
- attach a copy of your Financial Report to Shareholders as required by A.R.S. §10-1621; OR
- If no business conducted this fiscal year, so state.

BALANCE SHEET

ASSETS

Current Assets:

Cash
Trade notes and accounts receivable
(less allowance for bad debts)
Inventories
Other current assets

\$ 0
0
0
0

Total Current Assets

\$ 0

Investments
Land, buildings and other fixed assets
(net of accumulated depreciation)
Intangible assets (net of amortization)
Loans to shareholders
Other assets

0
0
0
0
0

Total Assets

\$ 0

LIABILITIES AND OWNERS' EQUITY

Current Liabilities:

Accounts Payable
Mortgages, notes, bonds
(payable in less than 1 year)
Other current liabilities

\$ 0
0
0

Total current liabilities

\$ 0

Mortgages, notes, bonds
(payable in more than 1 year)
Loans from shareholders
Other liabilities

0
0
0

Total Liabilities

\$ 0

Capital stock: (a) Preferred stock
(b) Common stock

0
0

Paid-in or capital surplus
Less cost of treasury stock
Retained earnings

0
0
0
0

Total Capital

\$ 0

TOTAL LIABILITIES AND EQUITY

\$ 0

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)

Only nonprofit corporations must **attach** a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only:

This corporation **does** ☐ **does not** ☒ have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:
[Underlined portion pertains to profit corporations only]

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:

- (a) fraud or registration provisions of the securities laws of that jurisdiction, or
- (b) the consumer fraud laws of that jurisdiction, or
- (c) the antitrust or restraint of trade laws of that jurisdiction?

One box **must** be marked:

YES ☐

NO ☒

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

11. STATEMENT OF BANKRUPTCY (A.R.S. §§10-202.D.2 & 10-3202.02)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to profit corporations only]

One box **must** be marked:

YES ☐

NO ☒

Chapter _____ Date Filed _____ Case Number _____

If "YES", the following information must be submitted as an attachment to this report for each person subject to the statement above:

- 1) The names and addresses of each corporation and the person or persons involved.
- 2) The state in which each corporation was
- a) incorporated b) transacted business. 3) The dates of corporate operation.

12. SIGNATURES

CAUTION: Annual Reports must be signed by a duly authorized officer. Annual Reports submitted with incorrect signatures will be rejected.

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Peter Ranke Date 4/12/01 Name _____ Date _____

Signature [Signature] Signature _____

Title Treasurer Title _____

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)