



E-FILED

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

05523937



DUE ON OR BEFORE 05/23/2016

FILING FEE \$10

PLEASE READ ALL INSTRUCTIONS. 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.

1. 11376370
TMC HEALTHCARE
ATT: TIM A HARTIN
ADMINISTRATION
5301 E GRANT ROAD
TUCSON, AZ 85712

Business Phone: _____

(Business phone is optional.)

State of Domicile: AZType of Corporation: NON-PROFIT

2. Statutory Agent: TIM A HARTIN
Mailing Address: TUCSON MEDICAL CENTER
5301 EAST GRANT ROAD
City, State, Zip: TUCSON, AZ 85712

Statutory Agent's Street or Physical Address:
Physical Address:
City, State, Zip:

ACC USE ONLY

Fee \$ 10
Penalty \$ 0
Reinstate \$ 0
Expedite \$ 35
Resubmit \$ _____

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below. Note that the agent address must be in Arizona.

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_____
Printed Name of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are **REQUIRED**
to complete this section).

4. CHARACTER OF BUSINESS

HOSPITAL/HEALTH CARE

Received: 05/22/2016 14:29

5. CAPITALIZATION:(For-profit 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.

5a. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
0		
0		

5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**.

Number of Shares/Certificates Issued	Class	Series Within Class (if any)
0		
0		

6. SHAREHOLDERS:(For-profit 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.

NONE

7. OFFICERS

Name: JUDITH F RICH
Title: PRESIDENT/CEO
Address: % CHIEF LEGAL OFFICER
5301 E GRANT RD
TUCSON, AZ 85712
Date Taking Office: 04/23/2009

Name: TIM HARTIN
Title: SECRETARY
Address: CHIEF LEGAL OFFICER
5301 E GRANT RD
TUCSON, AZ 85712
Date Taking Office: 04/30/2013

Name: STEVE BUSH
Title: TREASURER
Address: C/O CHIEF LEGAL OFFICER
TUCSON MEDICAL CENTER
5301 EAST GRANT ROAD
TUCSON, AZ 85712
Date Taking Office: 09/28/2009

Name: KAREN MLAWSKY
Title: VICE-PRESIDENT
Address: C/O CHIEF LEGAL OFFICER
TUCSON MEDICAL CENTER
5301 EAST GRANT ROAD
TUCSON, AZ 85712
Date Taking Office: 05/01/2015

8. DIRECTORS

Name: ALAN ROGERS MD
Address: C/O CHIEF MEDICAL OFFICER
TUCSON MEDICAL CENTER
5301 EAST GRANT ROAD
TUCSON, AZ 85712
Date Taking Office: 12/16/2013

Name: JAY KATZ
Address: C/O CHIEF LEGAL OFFICER
TUCSON MEDICAL OFFICER
5301 EAST GRANT ROAD
TUCSON, AZ 85712
Date Taking Office: 01/01/2013

Name: GAY TOSCH
Address: C/O CHIEF LEGAL OFFICER
TUCSON MEDICAL CENTER
5301 EAST GRANT ROAD
TUCSON, AZ 85712
Date Taking Office: 08/27/2012

Name: JON YOUNG
Address: C/O/ CHIEF LEGAL OFFICER
TUCSON MEDICAL CENTER
5301 EAST GRANT ROAD
TUCSON, AZ 85712
Date Taking Office: 01/01/2012

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

Nonprofits – financial disclosure is no longer required. **Cooperative marketing associations** – must submit a financial statement. All other types of corporations are not required to file a financial statement.

ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION:**9A. MEMBERS (A.R.S. §10-11622(A)(6))**

This corporation **DOES** ☐ **DOES NOT** ☒ have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D), 10-1622(A)(8) & 10-11622(A)(7))

- A. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:
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. 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" to A, 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 birth name. | 5. Date and location of birth. |
| 2. Full present name and prior names used. | 6. 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. |
| 3. Present home address. | |
| 4. All prior addresses for immediately preceding 7 year period. | |
- B. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation?

One box must be marked: YES ☐ NO ☒

If "YES" to B, the following information **must be submitted** as an attachment to this report for each corporation subject to the statement above.

- (a) Name and address of each corporation and the persons involved.
- (b) State(s) in which it: (i) was incorporated and (ii) transacted business.
- (c) Dates of corporate operation.

11. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623)

- A. Has the **corporation** filed a petition for bankruptcy or appointed a receiver? **One box must be marked: YES ☐ NO ☒**

If "Yes" to A, the following information **must be submitted** as an attachment to this report:

1. All officers, directors, trustees and major stockholders of the corporation within one year of filing the petition for bankruptcy or the appointment of a receiver. If a major stockholder is a corporation, the statement shall list the current president, chairman of the board of directors and major stockholders of such corporate stockholder. "Major stockholder" means a shareholder possessing or controlling twenty per cent of the issued and outstanding shares or twenty per cent of any proprietary, beneficial or membership interest in the corporation.
2. Whether any such person has been an officer, director, trustee or major stockholder of any other corporation within one year of the bankruptcy or receivership of the other corporation. If so, for each such corporation give:
 - (a) Name and address of each corporation;
 - (b) States in which it: (i) was incorporated and (ii) transacted business.
 - (c) Dates of operation.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of perjury, 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 perjury 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 TIM HARTIN Date 05/22/2016

Signature TIM HARTIN
SECRETARY

Title _____

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

Additional Officers

Name: RICK ANDERSON
Title: VICE-PRESIDENT
Address: C/O CHIEF LEGAL OFFICER
TUCSON MEDICAL CENTER
5301 EAST GRANT ROAD
TUCSON, AZ 85712
Date Taking Office: 03/18/2013

Name: RICHARD PREVALLET
Title: VICE-PRESIDENT
Address: C/O CHIEF LEGAL OFFICER
TUCSON MEDICAL CENTER
5301 EAST GRANT ROAD
TUCSON, AZ 85712
Date Taking Office: 08/09/2009

Name: MICHAEL DURAN
Title: VICE-PRESIDENT
Address: C/O CHIEF LEGAL OFFICER
TUCSON MEDICAL CENTER
5301 EAST GRANT ROAD
TUCSON, AZ 85712
Date Taking Office: 07/23/2004

Name: JULIA STRANGE
Title: VICE-PRESIDENT
Address: C/O CHIEF LEGAL OFFICER
TUCSON MEDICAL CENTER
5301 EAST GRANT ROAD
TUCSON, AZ 85712
Date Taking Office: 09/20/2009

Name: FRANK R MARINI
Title: VICE-PRESIDENT
Address: C/O CHIEF LEGAL OFFICER
5301 E GRANT RD
TUCSON, AZ 85712
Date Taking Office: 07/23/2004

Additional Directors

Name: MANUEL ARREGUIN MD
Address: C/O/ CHIEF LEGAL OFFICER
TUCSON MEDICAL CENTER
5301 EAST GRANT ROAD
TUCSON, AZ 85712
Date Taking Office: 01/01/2012

Name: DAVID J COHEN
Address: C/O CHIEF LEGAL OFFICER
TUCSON MEDICAL CENTER
5301 EAST GRANT ROAD
TUCSON, AZ 85712
Date Taking Office: 01/24/2011

Name: MICHAEL BRACHT MD
Address: C/O CHIEF LEGAL OFFICER
TUCSON MEDICAL CENTER
5301 EAST GRANT ROAD
TUCSON, AZ 85712
Date Taking Office: 07/28/2008

Name: LOUISE FRANCESCONI
Address: 5301 E GRANT RD
TUCSON, AZ 85712
Date Taking Office: 07/23/2004

Name: Christine Aronoff
Address: c/o Chief Legal Officer
Tucson Medical Center
5301 East Grant Road
Tucson, AZ 85712
Date Taking Office: 02/02/2016

Name: Ira H. Rosenbery
Address: c/o Chief Legal Officer
Tucson Medical Center
5301 East Grant Road
Tucson, AZ 85712
Date Taking Office:

Name: BECKY TORREY
Address: C/O CHIEF MEDICAL CENTER
TUCSON MEDICAL CENTER
5301 EAST GRANT ROAD
TUCSON, AZ 85712
Date Taking Office: 01/24/2011

Name: JUDITH F RICH
Address: % CHIEF LEGAL OFFICER
5301 E GRANT RD
TUCSON, AZ 85712
Date Taking Office: 04/23/2009

Name: EDUARDO LEON
Address: % CHIEF LEGAL OFFICER
5301 E GRANT RD
TUCSON, AZ 85712
Date Taking Office: 07/23/2004

Name: HENRY BOICE
Address: C/O CHIEF LEGAL OFFICER
TUCSON MEDICAL CENTER
5301 EAST GRANT ROAD
TUCSON, AZ 85712
Date Taking Office: 07/23/2004

Name: Paul Yurkanin, MD
Address: c/o Chief Legal Officer
Tucson Medical Center
5301 East Grant Road
Tucson, AZ 85712
Date Taking Office:

Name: Stephen G. Eggen
Address: Tucson Medical Center
5301 East Grant Road
Tucson, AZ 85712
Date Taking Office: