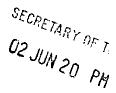


Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4) 1. Effective Date of Registration 5/2 Check if this is an Amended Registration 2. House Identification Number_ Senate Identification Number REGISTRANT 3. Registrant Name Manatt, Phelps & Phillips 1501 M Street, NW, Suite 700 Address City Washington, D.C. State Zip 20005 4. Principal place of business (if different from line 3) same as above State/Zip (or Country) City 5. Telephone number and contact name (202) 463-4300 Contact E-mail (optional) Law firm 6. General description of registrant's business or activities CLIENT A Lobbying firm is required to file a separate registration statement for each client. Organizations employing in-house lo check the box labeled "Self" and pro eed to line 10. 7. Client Name Doctors Community Healthcare Corporation Address 6730 North Scottsdale Road - Suite 200 Zip 85253 City Scottsdale State AZ8. Principal place of business (if different from line 7) State/Zip (or Country) 9. General description of client's business or activities Healthcare LOBBYISTS 10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If listed in this section has served as a "covered executive branch official" or "covered legislative branch official years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the pe Covered Official Position (if applical John L. Ray June L. DeHart

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Registrant Name	Manatt, Phelps & Phillips	Client Name	Doctors commu	nity Healthcare Corpor	
LOBBYING IS 11. General lobbying is	SUES sue areas. Select all applicable	e codes listed in ins	tructions and on th	ne reverse side of Form	
<u>DOC</u> <u>HCR</u>					
12. Specific lobbying is	sues (current and anticipated)				
Promoting benefit	ts of the DC Healthcare A	lliance (subsidia	ary) Network		
AFFILIATED	ORGANIZATIONS	S			
	ner than the client that contribu				
■ No ⇒ Go to	o line 14.	Yes Up Complete the rest of this section for each enterprise the criteria above, then proceed to line 14.			
Name		Address		Principal Place of I (city and state or c	
-	_				
FOREIGN EN					
14. Is there any foreign	entity that:				
	east 20% equitable ownership in indirectly, in whole or in maj				
activities	of the client or any organization	on identified on line	e 13; or		
c) is an affil lobbying	iate of the client or any organiz activity?	zation identified on	line 13 and has a	direct interest in the ou	
_					
No ⇒ Sign and date the registration		☐ Yes	Yes © Complete the rest of this section for ea matching the criteria above, then sign registration.		
Name	Address	1	cipal place of business state or country)	Amount of contribution for lobbying activities	
***	******	(City and	state of country)	1000ying activities	
	fall les	•	-	6/13/02	
Signature			Date	1 102	

Printed Name and Title John L. Rav. Partner Filing #74111647-775a-48ef-852e-4cefec2b530e - Page 3 of 4

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