


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90025 005 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** F98000002661

1. Corporation Name MHN Services ✓

Principal Place of Business	Mailing Address
1600 Los Gamos Dr., #300 San Rafael, CA 94903	1600 Los Gamos Dr., #300 San Rafael, CA 94903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

4. FEI Number	Applied For
95-4146179	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CT Corporation System  
 1200 South Pine Island Road  
 Plantation, Florida 33324

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	Chief Executive Officer <input type="checkbox"/> DELETE Director
NAME	Gary S. Velasquez
STREET ADDRESS	1600 Los Gamos Dr., #300
CITY-ST-ZIP	San Rafael, CA 94903
TITLE	President and COO, Director <input type="checkbox"/> DELETE
NAME	Matthew R. Lonsdale
STREET ADDRESS	1600 Los Gamos Dr., #300
CITY-ST-ZIP	San Rafael, CA 94903
TITLE	David C. Buhler <input type="checkbox"/> DELETE
NAME	Treasurer
STREET ADDRESS	1600 Los Gamos Dr., #300
CITY-ST-ZIP	San Rafael, CA 94903
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	Nancy B. <del>MM</del> Diamond
STREET ADDRESS	1600 Los Gamos Dr., #300
CITY-ST-ZIP	San Rafael, CA 94903
TITLE	Director - Robert C. Fusco, M.D. <input type="checkbox"/> DELETE
NAME	Director - Robert C. Fusco, M.D.
STREET ADDRESS	1600 Los Gamos Dr., #300
CITY-ST-ZIP	San Rafael, CA 94903
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary S. Velasquez 5-18-99 (415)491-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)