

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G55261

1. Corporation Name
MED-HEALTH OF FLORIDA, INC.

Principal Place of Business
**3820 STATE STREET
 SANTA BARBARA CA 93105**

Mailing Address
**% MARY H. YUMBE
 3820 STATE STREET
 SANTA BARBARA CA 93105**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc
 22 City & State
 23 Zip Country
 24 Zip Country

26 Suite, Apt. #, etc
 27 City & State
 28 Zip Country
 29 Zip Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (Applicable to Block 12 or Block 13)

Typed Name, Title, Signature, and Address (Applicable to Block 13)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	[] DELETE
NAME	FOCHT, MICHAEL H SR.	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	VSD	[X] DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	EVPC	[] DELETE
NAME	FETTER, TREVOR	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	VT	[] DELETE
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	AS	[X] DELETE
NAME	LUNDGREN, ALAN	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	[] Change [] Add
12 NAME	
13 STREET ADDRESS	900002850209--5
14 CITY-ST-ZIP	-04/23/99--01106--008
21 TITLE	
22 NAME	DVS
23 STREET ADDRESS	Richard B. Silver
24 CITY-ST-ZIP	3820 State Street
31 TITLE	[] Change [] Add
32 NAME	
33 STREET ADDRESS	Santa Barbara, CA 93105
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	AS
52 NAME	Caitlin M. Larsen
53 STREET ADDRESS	3820 State Street
54 CITY-ST-ZIP	Santa Barbara, CA 93105
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/23/1983

4. FID Number
59-2320784

5. Certificate of Status Desired [] Applied For Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [] **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax [] Yes [X] No

10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Caitlin M. Larsen* **Caitlin M. Larsen, Asst. Sec.** **4/8/99** **805/563-7075**

0655075

CR2E034 (11/98)

Handwritten: 4-19-99