

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M11878 (9)
1. Corporation Name
PHYSICIANS DEVELOPMENT, INC.

FILED

98 MAR -4 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 3820 STATE STREET, C/O YUMIBE, SANTA BARBARA CA 93105 US
Mailing Address: 2700 COLORADO AVE., SUITE 200, SANTA MONICA CA 75240 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1985
4. FEI Number: 94-4068998
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SCOTT M.	1.2 NAME	000002448680--5
STREET ADDRESS	3820 STATE STREET	1.3 STREET ADDRESS	-03/05/98--01114--024
CITY-ST-ZIP	SANTA BARBARA CA 93105	1.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOCHT, MICHAEL H.	2.2 NAME	
STREET ADDRESS	3820 STATE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDGREN, ALAN	3.2 NAME	
STREET ADDRESS	3820 STATE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLEN, TERENCE P.	4.2 NAME	
STREET ADDRESS	3820 STATE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	4.4 CITY-ST-ZIP	
TITLE	SVSD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FETTER, TREVOR	5.2 NAME	
STREET ADDRESS	3820 STATE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
000002448680--5
-03/05/98--01114--024
****150.00 ****150.00

AD 3/18

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.

SIGNATURE: _____ Alan Lundgren 2/26/98 905/562-7075

CR2E034 (10/97)