

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

FILED
 APR 28 11:12:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # M11878

1. Corporation Name
PHYSICIANS DEVELOPMENT, INC.

Principal Place of Business
**3820 State Street
 Santa Barbara, CA 93105**

Mailing Address
**Attn: Mary Yumibe
 3820 State Street
 Santa Barbara, CA 93105**

2. Principal Place of Business
 21 **3820 State**
 Suite Apt #, etc.
 22 City & State
 23 **Santa Barbara, CA**
 Zip Country
 24 **93105 USA**

2a Mailing Address
 26 **c/o Mary H. Yumibe**
 Suite Apt #, etc.
 27 **3820 State Street**
 City & State
 28 **Santa Barbara, CA**
 Zip Country
 29 **93105 USA**

DO NOT WRITE IN THIS SPACE
 3 Date Reported or Due Date
2/27/85
 4 Fee Number
94-4068998
 Applied For Not Applicable
 5 Certificate of Status Document Fee Required **\$8.75**
 6 Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 8 This corporation owes the current year's Intangibles Personal Property Tax Yes No
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**C T Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324 USA**

81 Name
 82 Street Address (P.O. Box Numbers Not Acceptable)
 83
 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
 12. OFFICERS AND DIRECTORS
 TITLE P
 NAME **Michael H. Focht, Sr.**
 STREET ADDRESS **3820 State Street**
 CITY-STATE-ZIP **Santa Barbara, CA 93105**
 TITLE [] DELETE
 NAME **Richard B. Silver**
 STREET ADDRESS **3820 State Street**
 CITY-STATE-ZIP **Santa Barbara, CA 93105**
 TITLE [] DELETE
 NAME **Terence P. McMullen**
 STREET ADDRESS **3820 State Street**
 CITY-STATE-ZIP **Santa Barbara, CA 93105**
 TITLE [] DELETE
 NAME **Caitlin M. Larsen**
 STREET ADDRESS **3820 state Street**
 CITY-STATE-ZIP **Santa Barbara, CA 93105**
 TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 TITLE [] DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12
 11 TITLE [] Change [] Add
 12 NAME
 13 STREET ADDRESS
 14 CITY-STATE-ZIP [] Change [] Add
 21 TITLE [] Change [] Add
 22 NAME
 23 STREET ADDRESS
 24 CITY-STATE-ZIP
 31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY-STATE-ZIP [] Change [] Add
 41 TITLE [] Change [] Add
 42 NAME
 43 STREET ADDRESS
 44 CITY-STATE-ZIP [] Change [] Add
 51 TITLE [] Change [] Add
 52 NAME
 53 STREET ADDRESS
 54 CITY-STATE-ZIP
 61 TITLE [] Change [] Add
 62 NAME
 63 STREET ADDRESS
 64 CITY-STATE-ZIP

500002859695--0
-05/03/99--01003--005
******150.00 ****150.00**

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 empowerments.

SIGNATURE: *Caitlin M. Larsen* **Caitlin M. Larsen, Asst. Sec.** 4/22/99 805/563-7075
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1*/98)