FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 13 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06453 (5)

1. Corporation Name
PCS HEALTH SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
ATTN: LORRAINE E. PEETZ ONE POST STREET, 29TH FLOOR SAN FRANCISCO CA 94104	ATTN: LORRAINE E. PEETZ ONE POST STREET, 29TH FLOOR SAN FRANCISCO CA 94104

3. Date Incorporated or Qualified: 06/17/1985
3a. Date of Last Report: 01/26/1994

2. Principal Place of Business
21: LILLY CORPORATE CENTER
Suite, Apt. #, etc. 22:
City & State 23: INDIANAPOLIS, IN
Zip 24: 46285 Country 25: U.S.A.

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 86-0217882 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCD	1.1 TITLE	PRESIDENT	XX Change ☐ Addition
NAME	JOHNSON, ROBERT C	1.2 NAME	MITCHELL E. DANIELS, JR.	
STREET ADDRESS	9501 E. SHEA BLVD.	1.3 STREET ADDRESS	LILLY CORPORATE CENTER	
CITY-ST-ZIP	SCOTTSDALE AZ	1.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46285	
TITLE	EVPC	2.1 TITLE	TREASURER	X Change ☐ Addition
NAME	STANFILL, MICHAEL E	2.2 NAME	THOMAS J. GARRITY	
STREET ADDRESS	9501 E SHEA BLVD	2.3 STREET ADDRESS	9501 E. SHEA BLVD.	
CITY-ST-ZIP	SCOTTSDALE AZ	2.4 CITY-ST-ZIP	SCOTTSDALE, AZ 85260	
TITLE	VSD	3.1 TITLE	SECRETARY	X Change ☐ Addition
NAME	MILLER, NANCY A.	3.2 NAME	ARNOLD PINKSTON	
STREET ADDRESS	ONE POST STREET	3.3 STREET ADDRESS	9501 E. SHEA BLVD.	
CITY-ST-ZIP	SAN FRANCISCO CA	3.4 CITY-ST-ZIP	SCOTTSDALE, AZ 85260	
TITLE	VT	4.1 TITLE	DIRECTOR	X Change ☐ Addition
NAME	SCHOLZ, GARRET A.	4.2 NAME	MICHAEL S. HUNT	
STREET ADDRESS	ONE POST STREET	4.3 STREET ADDRESS	LILLY CORPORATE CENTER	
CITY-ST-ZIP	SAN FRANCISCO CA	4.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46285	
TITLE	AS	5.1 TITLE	DIRECTOR	XX Change ☐ Addition
NAME	PEETZ, LORRAINE	5.2 NAME	SIDNEY TAUREL	
STREET ADDRESS	ONE POST STREET	5.3 STREET ADDRESS	LILLY CORPORATE CENTER	
CITY-ST-ZIP	SAN FRANCISCO CA	5.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46285	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	DAVID E. MCDOWELL	6.2 NAME		
STREET ADDRESS	ONE POST ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X [signature] ARNOLD PINKSTON, SECRETARY 2/27/95 (407)391-4840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040307 FP