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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:20

DOCUMENT # P16645 (4)

1. Corporation Name
USA HEALTH NETWORK COMPANY, INC. OF ARIZONA

Principal Place of Business	Mailing Address
7301 NORTH 16 STREET, SUITE 201 PHOENIX AZ 85020	7301 NORTH 16 STREET, SUITE 201 PHOENIX AZ 85020

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/02/1987
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 86-0555853 (86-0555853) ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 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	V	1.1 TITLE	V	☐ Change ☒ Addition
NAME	DICKSON, LAURA	1.2 NAME	Constance K. Collins	
STREET ADDRESS	7301 NO 16 STR #201	1.3 STREET ADDRESS	7301 N. 16th Street, #201	
CITY-ST-ZIP	PHOENIX AZ	1.4 CITY-ST-ZIP	Phoenix AZ 85020	
TITLE	PD	2.1 TITLE	P	☒ Change ☐ Addition
NAME	HINSON, LARRY K.	2.2 NAME	Robert Thurner	
STREET ADDRESS	7301 N. 16TH ST. #201	2.3 STREET ADDRESS	916 Capital of Texas Hwy S	
CITY-ST-ZIP	PHOENIX AZ	2.4 CITY-ST-ZIP	Austin Texas 78746	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BOGLE, GEORGE E.	3.2 NAME	G. Michael Bogle	
STREET ADDRESS	7301 N. 16TH ST 201	3.3 STREET ADDRESS	5074 Dorsey Hall Dr., #205	
CITY-ST-ZIP	PHOENIX AZ	3.4 CITY-ST-ZIP	Ellicott City MD 21042	
TITLE	S	4.1 TITLE	V	☐ Change ☒ Addition
NAME	SARA, WENDY	4.2 NAME	Karen Blaum	
STREET ADDRESS	7301 N 16TH ST #201	4.3 STREET ADDRESS	7301 N. 16th Street, #201	
CITY-ST-ZIP	PHOENIX AZ	4.4 CITY-ST-ZIP	Phoenix AZ 85020	
TITLE	T	5.1 TITLE	VT	☒ Change ☐ Addition
NAME	FITZGERALD, DEBRA	5.2 NAME	Darrell Barker	
STREET ADDRESS	7301 N. 16TH STREET	5.3 STREET ADDRESS	916 Capital of Texas Hwy S	
CITY-ST-ZIP	PHOENIX AZ	5.4 CITY-ST-ZIP	Austin Texas 78746	
TITLE		6.1 TITLE	V	☐ Change ☒ Addition
NAME		6.2 NAME	Donna Ward	
STREET ADDRESS		6.3 STREET ADDRESS	916 Capital of Texas Hwy S	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Austin Texas 78746	

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: Wendy Sara Wendy Sara, Secretary 1/31/95 602/371-3860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0461306 FP