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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000056365

1. Corporation Name
CENTER FOR QUALITY CARE, INC.

Principal Place of Business

3820 STATE STREET
C/O MARY H YUMIBE
SANTA BARBARA CA 93105
US

Mailing Address

3820 STATE STREET
C/O MARY H YUMIBE
SANTA BARBARA CA 93105
US

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. The duly accepted 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 board applicable

(NOTE: Registered Agent's name and address must be typed or printed.)

DATE

12. OFFICERS AND DIRECTORS

TITLE DSVP
NAME BROWN, SCOTT M.
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

[X] DELETE

TITLE P
NAME FOCHT, MICHAEL H.
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

[] DELETE

TITLE EVP
NAME MACKEY, THOMAS B.
STREET ADDRESS 2011 PALOMAR AIRPORT RD
CITY-ST-ZIP CARLSBAD CA 93105

[] DELETE

TITLE VT
NAME MCMULLEN, TERENCE P
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

[] DELETE

TITLE EVP
NAME SMITH, W. RANDOLPH
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

[] DELETE

TITLE AS
NAME LUNDGREN, ALAN
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

[X] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VSD [] Change [X] Addition

12 NAME Richard B. Silver
13 STREET ADDRESS 3820 State Street
14 CITY-ST-ZIP Santa Barbara, CA 93105

21 TITLE [] Change [] Addition

22 NAME 3000002848393- - 8

23 STREET ADDRESS 04/22/93-01118-012

24 CITY-ST-ZIP ****150.00 ****150.00

31 TITLE [X] Change [] Addition

32 NAME 3820 State Street
33 STREET ADDRESS Santa Barbara, CA 93105

34 CITY-ST-ZIP [] Change [] Addition

41 TITLE [] Change [] Addition

42 NAME 3820 State Street

43 STREET ADDRESS Santa Barbara, CA 93105

44 CITY-ST-ZIP [] Change [] Addition

51 TITLE [] Change [] Addition

52 NAME AS

53 STREET ADDRESS Caitlin M. Larsen

54 CITY-ST-ZIP 3820 State Street

55 STREET ADDRESS Santa Barbara, CA 93105

56 CITY-ST-ZIP [] Change [X] Addition

61 TITLE 4/19/99

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

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