FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **452675** **(2)**

1. Corporation Name

PACIFIC HEALTH DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
249 EAST OCEAN BOULEVARD SUITE 460 LONG BEACH CA 90802 US	249 EAST OCEAN BOULEVARD SUITE 460 LONG BEACH CA 90802 US

3. Date Incorporated or Qualified: **05/08/1974**
3a. Date of Last Report: **02/20/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

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

4. FEI Number: **59-1547065** ☐ 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 _____ (If Changing Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MUELLER, JENS	12 NAME	
STREET ADDRESS	249 EAST OCEAN BOULEVARD, SUITE 460	13 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	14 CITY-ST-ZIP	
TITLE	CEO ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MUELLER, JENS	22 NAME	
STREET ADDRESS	249 EAST OCEAN BOULEVARD, SUITE 460	23 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	24 CITY-ST-ZIP	
TITLE	S ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	OTAKE, STANLEY	32 NAME	
STREET ADDRESS	249 EAST OCEAN BOULEVARD, SUITE 460	33 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	34 CITY-ST-ZIP	
TITLE	AS ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	JAMES, YOUNG	42 NAME	
STREET ADDRESS	249 EAST OCEAN BOULEVARD, SUITE 4601	43 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

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: _____ 1/27/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3104372117

Daytime Phone #