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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 850868

(1)

TAKECARE ADMINISTRATIVE SERVICES CORPORATION

Principal Place of Business Mailing Address						DI IDILA DISESTRES DIGEI DI	8	EIEN IDEN
9900 TALBERT AVENUE FOUNTAIN VALLEY CA 82708 US		9900 TALBERT AVENUE FOUNTAIN VALLEY CA 92708-5153 US						
					3. Date Incorporated 10/29/1981		Date of Last R 02/13/1996	eport
	lace of Business	2a. Mailing Address			4. FEI Number			oplied For
21 5995	S PLAZA DRIVE 26 5995 PLAZA			IVE	35-1508167		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			s Desired		Additional
22		27			S. Commente of Olate		Fee Re	equired
City & Stat CYPR		Cily & State CYPRESS	CA		6. Election Campaigr Trust Fund Contrib			May Be to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation h	as liability for intang	ible tax under s	199.032,
24 9063		29 90630	30	USA	Florida Statutes		☐ No	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current	t Registered Agent			10. Name and Addre	ss of New Register	ed Agent	
C T CORPORATION SYSTEM 81 Name								
1200 SOUTH PINE ISLAND ROAD				82 Street	Address (P.O. Box Number is	Not Acceptable)		
PLANTATION FL 33324					, and the second			
				83				
				84 City			- 85 Zip	Code
							•L `	
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Stat of Florida, Such change was	utes, the at s authorized	ove-named by the con	corporation submits this state poration's board of directors. I	ment for the purpos hereby accept the	e of changing it appointment as	s registered registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, I	lorida Stat	utes.	polation a abaila of all actions.	nords, accept the	appointment ou	regioneres
SIGNATURE								
	Signature, lyned or printed name of registered ager			Agent signature	required when reinstating)	DAT		
12. TITLE	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANC	JES 10 OFFICERS /	AND DIRECTOR Change	
	P trooup of	e- veren	1.1 101		P/D		L Change	Addition
NAME	JESSUP, R. J		1.2 NA		FOLICK, JEFFI			
STREET ADDRESS	9900 TALBERT AVENUE			REET ADDRESS	5995 PLAZA DI			
CITY-ST-ZIP	FOUNTAIN VALLEY CA	X DELETE		Y-ST-ZIP	CYPRESS, CA	90630	Change	Addition
TITLE	EAD TYCK D	M DELETE	2110		C/D	Б	☐ Change	L'M Munition
NAME	MASSIMINO, JACK D		22 NA		HOOPS, ALAN			
STREET ADDRESS	9900 TALBERT AVENUE			REET ADDRESS	5995 PLAZA D			
CITY-ST-ZIP TITLE	FOUNTAIN VALLEY CA	ZX DELETE	2 4 C	TY-ST-ZIP	CYPRESS, CA	90630	Change	Addition
NAME	GUMBINER, BURKE F	CEN DECEME			D/CFO LOWELL, WAYN	ם ים	Cria-ligo	LA Addition
STREET ADDRESS	9900 TALBERT AVENUE		3 2 NA	ME REET ADDRESS	5995 PLAZA D			
	FOUNTAIN VALLEY CA							
CITY-ST-ZIP TITLE	SVP	X DELETE	3.4. CI	TY-ST-ZIP	CYPRESS, CA	90630	☐ Change	X Addition
NAME	TRIMBLE, RYAN M	CAL PAGE IC	4.2 N/		KONOWIECKI,	ם שמקפתו	Unimigo Car	-di radition
STREET ADDRESS	9900 TALBERT AVENUE			ree1 address	5995 PLAZA D			
CITY-ST-ZIP	FOUNTAIN VALLEY CA		•					
TITLE	S	X DELETÉ	4.4 UII 5.1 TIT	Y - ST - ZIP	CYPRESS, CA	30030	Change	Addition
NAME	PHILLIPS, RUSSELL D. JR.	tab occur	5.2 NA		BAUGH, COY F		Prof. Cuttings	- 1000001
STREET ADDRESS	9900 TALBERT AVENUE			REET ADDRESS				
	FOUNTAIN VALLEY CA				5995 PLAZA D			
CITY-S1-ZIP TITLE	TOUTIAIN TALLET VA	DELETE	6.1 JII	Y-ST-ZIP	CYPRESS, CA	90030	☐ Change	Addition
NAME		C, section	6.2 NA		GOODSTEIN, M	ттснатт. т		- I Salesii
STREET ADDRESS				REET ADDRESS	5995 PLAZA D	RIVE	•	
CITY-ST-ZIP				Y · S1 · ZIP	CYPRESS, CA			
OHIT OL' LIE			■ U.4 U.I	1 31 617	,— <i> </i>			I

14. I do hereby certify that the information supplied with this filing 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 only attachment with an address.

FILED

Jun 18 1997 8:00am

Secretary of State