

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jun 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**

850868

1. Corporation Name

PacifiCare Health Plan Administrators  
(formerly TakeCare Administrative Services Corp.)

Principal Place of Business

Mailing Address

3120 Lake Center Drive

P.O. Box 25186

Santa Ana, CA 92704

Mail Stop LC 01-101

Santa Ana, CA 92799

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/9/81

4. FEI Number

35-1508167

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 same as above

2a. Mailing Address

26 same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New 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. I hereby accept the 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE P/D ☐ DELETE  
NAME Jeffrey Folick  
STREET ADDRESS 3120 Lake Center Drive  
CITY - ST - ZIP Santa Ana, CA 92704

TITLE C/D ☐ DELETE  
NAME Alan R. Hoops  
STREET ADDRESS 3120 Lake Center Drive  
CITY - ST - ZIP Santa Ana, CA 92704

TITLE D/CFO ☐ DELETE  
NAME Wayne B. Lowell  
STREET ADDRESS 3120 Lake Center Drive  
CITY - ST - ZIP Santa Ana, CA 92704

TITLE S ☐ DELETE  
NAME Joseph Konowiecki  
STREET ADDRESS 3120 Lake Center Drive  
CITY - ST - ZIP Santa Ana, CA 92704

TITLE T ☐ DELETE  
NAME Coy M. Baugh  
STREET ADDRESS 3120 Lake Center Drive  
CITY - ST - ZIP Santa Ana, CA 92704

TITLE D ☐ DELETE  
NAME Mitchell Goodstein  
STREET ADDRESS 3120 Lake Center Drive  
CITY - ST - ZIP Santa Ana, CA 92704

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/13/98

714/825-5200