


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90164 028 ***150.00

DOCUMENT # F01000005480 1. Entity Name SPECTRUM MANAGED CARE OF CALIFORNIA, INC.	
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Principal Place of Business 610 WEST ASH STREET, SUITE 1500 SUITE 1900 SAN DIEGO, CA 92101	Mailing Address 610 WEST ASH STREET, SUITE 1500 SUITE 1900 SAN DIEGO, CA 92101
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DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 33-0942608	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO WARD, JEFFREY S 610 WEST ASH STREET, SUITE 1900 SAN DIEGO, CA 92101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAKKER, GERARD A.C. SIX CONCOURSE PARKWAY, SUITE 1550 ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WARD, JEFFREY S 610 WEST ASH STREET, SUITE 1900 SAN DIEGO, CA 92101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCFO WHITMARSH, RUSSELL A 610 WEST ASH STREET, SUITE 1900 SAN DIEGO, CA 92101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05 619-557-2777
Date Daytime Phone #