

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90202 050 \*\*\*150.00

**DOCUMENT # F01000005480**

1. Entity Name  
**SPECTRUM MANAGED CARE OF CALIFORNIA, INC.**



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**

**60030608**



04132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**33-0942608**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DCEO
NAME	WARD, JEFFREY S
STREET ADDRESS	610 WEST ASH STREET, SUITE 1900
CITY - ST - ZIP	SAN DIEGO, CA 92101
TITLE	PD
NAME	BAKKER, GERARD A.C.
STREET ADDRESS	SIX CONCOURSE PARKWAY, SUITE 1550
CITY - ST - ZIP	ATLANTA, GA 30328
TITLE	S
NAME	WARD, JEFFREY S
STREET ADDRESS	610 WEST ASH STREET, SUITE 1900
CITY - ST - ZIP	SAN DIEGO, CA 92101
TITLE	TCFO
NAME	WHITMARSH, RUSSELL A
STREET ADDRESS	610 WEST ASH STREET, SUITE 1900
CITY - ST - ZIP	SAN DIEGO, CA 92101
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**4/17/06**  
Date

**619-557-8387**  
Daytime Phone #