

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000002826

1. Entity Name
ANCILLARY CARE MANAGEMENT, INC.



FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90013 005 ***150.00

Principal Place of Business
**725 S. FIGUEROA STREET, SUITE 2150
LOS ANGELES, CA 90017**

Mailing Address
**725 S. FIGUEROA STREET, SUITE 2150
LOS ANGELES, CA 90017**

01061020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242004 Chg-P CR2E034 (10/03)

4. FEI Number
95-4855887

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
WILLCUTTS, H. DAVID ☐ Delete
725 S. FIGUEROA STREET, SUITE 2150
LOS ANGELES, CA 90017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Kevin L. Roberg ☐ Change ☒ Addition
1695 Hunter Drive
Medina, MN 55391

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
MCNULTY, JR., THOMAS J ☐ Delete
725 S. FIGUEROA STREET, SUITE 2150
LOS ANGELES, CA 90017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
David D. Stevens ☐ Change ☒ Addition
1640 Century Center Parkway, Suite 101
Memphis, TN 38134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
SHERLOCK, CHRISTOPHER M ☐ Delete
725 S. FIGUEROA STREET, SUITE 2150
LOS ANGELES, CA 90017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Martin R. Felsenthal ☐ Change ☒ Addition
44 Montgomery Street, Suite 3085
San Francisco, CA 94104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JENSEN, DAVID A ☐ Delete
16 GOULD HILL ROAD
CONTOOCOOK, NH 03229

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MCDO
NAGHNAGH, BERNARD F ☐ Delete
501 MOUNT CURVE BLVD
ST PAUL, MN 55116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Bernard F. McDonagh ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LESTER, MICHAEL K ☐ Delete
12131 113TH AVE NE STE 202
KIRKLAND, WA 98034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Thomas J. McNulty, Jr.

Thomas J. McNulty, Jr. 1/1/04 713.213.2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #