

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90140 019 ***150.00

DOCUMENT # F02000002826 1. Entity Name ANCILLARY CARE MANAGEMENT, INC.					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLCUTTS, H. DAVID		NAME		
STREET ADDRESS	725 S. FIGUEROA STREET, SUITE 2150		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90017		CITY-ST-ZIP		
TITLE	VSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCNULTY, JR., THOMAS J		NAME		
STREET ADDRESS	725 S. FIGUEROA STREET, SUITE 2150		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90017		CITY-ST-ZIP		
TITLE	CFO <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHERLOCK, CHRISTOPHER M		NAME	OOO	
STREET ADDRESS	725 S. FIGUEROA STREET, SUITE 2150		STREET ADDRESS	Harris, Michael J.	
CITY-ST-ZIP	LOS ANGELES, CA 90017		CITY-ST-ZIP	725 S. Figueroa Street, Suite 2150	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENSEN, DAVID A		NAME		
STREET ADDRESS	16 GOULD HILL ROAD		STREET ADDRESS		
CITY-ST-ZIP	CONTOOCOOK, NH 03229		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONAGH, BERNARD F		NAME		
STREET ADDRESS	501 MOUNT CURVE BLVD		STREET ADDRESS		
CITY-ST-ZIP	ST PAUL, MN 55116		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LESTER, MICHAEL K		NAME		
STREET ADDRESS	12131 113TH AVE NE STE 202		STREET ADDRESS		
CITY-ST-ZIP	KIRKLAND, WA 98034		CITY-ST-ZIP		

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 _____

50046343



03312005 Chg-P CR2E034 (10/03)

4. FEI Number **95-4855887** Applied For ☐ Not Applicable ☐

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