

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90104 038 ***150.00

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1. Entity Name

PROFESSIONAL CLAIM SERVICES, INC.



Principal Place of Business

4553 LA TIENDA
THOUSAND OAKS CA 91362

Mailing Address

8407 FALLBROOK AVE.
WEST HILLS CA 91304

2. Principal Place of Business

4553 La Tienda Drive

3. Mailing Address

8407 Fallbrook Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Thousand Oaks, CA

City & State

West Hills, CA

4. FEI Number

16-1279199

Applied For

Not Applicable

Zip 91362

Country USA

Zip 91304

Country USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SCHAEFFER, LEONARD D 4553 LA TIENDA THOUSAND OAKS CA 91362	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERMAN, JOAN E 4553 LA TIENDA THOUSAND OAKS CA 91362	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLBY, DAVID C 4553 LA TIENDA THOUSAND OAKS CA 91362	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KELLY, ROBERT A 4553 LA TIENDA THOUSAND OAKS CA 91362	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEISER, THOMAS C 4553 LA TIENDA THOUSAND OAKS CA 91362	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZUREK, KENNETH C 4553 LA TIENDA THOUSAND OAKS CA 91362	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

Chief Financial Officer
Kenneth C. Zurek
4553 La Tienda Drive
Thousand Oaks, CA 91362

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: *Robert A. Kelly* Robert A. Kelly, Assistant Secretary (805)557-6112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)



Legal Department
1 WellPoint Way
Thousand Oaks, CA 91362

Attachment
700310002
FO20000591E

Tel (805) 557-6119
Fax (805) 557-6821

April 9, 2003

VIA FEDERAL EXPRESS

Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

Re: UNICARE Life & Health Insurance Company and
Professional Claim Services, Inc.
2003 For Profit Corporation - Uniform Business Report

Dear Sir or Madam:

Enclosed for filing is a 2003 For Profit Corporation - Uniform Business Report for UNICARE Life & Health Insurance Company and Professional Claim Services, Inc. along with two checks made payable to the Department of State in the sum amount of \$150.00 each to cover the applicable filing fee.

Please return evidence of this filing to me in the self-addressed, pre-paid envelope that has been enclosed for your convenience.

Please contact me at (805) 557-6119 if you have any questions regarding the enclosed.

Sincerely,

Monica M. Chizzo
Transactional Project Manager

Enclosure
MC: