

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000006170

1. Entity Name

PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH,
MENTAL AND SOCIAL SERVICES, INC.



Principal Place of Business

5601 W. SLAUSON AVENUE, SUITE 200
CULVER CITY, CA 90230

Mailing Address

5601 W. SLAUSON AVENUE, SUITE 200
CULVER CITY, CA 90230

DO NOT WRITE IN THIS SPACE



03182004 No Chg-NP CR2E037 (10/03)

4. FEI Number

95-4092046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANCH, ANDREA
520 RALPH STREET
SARASOTA, FL 34242

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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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000106420
04/08/04-80014-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, VIVIAN 5601 W. SLAUSON AVENUE, SUITE 200 CULVER CITY, CA 90230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC FRASER, MARYANN 5601 W. SLAUSON AVENUE, SUITE 200 CULVER CITY, CA 90230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STONE, ARNOLD J 2001 WILSHIRE BLVD., SUITE 510 SANTA MONICA, CA 90403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOGG, JANICE 1888 CENTURY PARK EAST, #1550 LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POINTER, KAREN 11755 WILSHIRE BLVD., SUITE 2240 LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARNO, MARVIN 760 WESTWOOD PLAZA LOS ANGELES, CA 900241759

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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 617, 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

3/19/04 310-641-7795
Date Daytime Phone #