2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME F93000001723

1. Entity Name CSC HEALTHCARE INC.



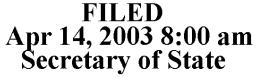
STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Delete



04-14-2003 90067 049 ***150.00

FARMINGTON HILLS MI 48331 2. Principal Place of Business		APT. A-267 EL SEGUNDO CA 90245 US	EL SEGUNDO CA 90245						
		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	···	4.	4. FEI Number 38-3101704			pplied For ot Applicable]
Zip	Country Zip		Country		Certificate of Status Desired	\$8.75 Addition		ditional	
	6. Name and Address of Curr	ent Registered Agent	Registered Agent		7. Name and Address of New Registered Agent				
	, Mary Control		Name						
	ORATION SYSTEM INE ISLAND ROAD		Street Address		(P.O. Box Number is Not Acceptable)				
PI ANTATI	ON FL 33324		<u> </u>		 -				1
			City			FL	Zip Coo	de	
F After	Signature, typed or printed name of registered a ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 Payable to Florida Departmen	00	DTE: Registered Agent signa	ature required when re	9. Election Campaign Fina Trust Fund Contribution			O May Be	
10.	OFFICERS A	ND DIRECTORS	11.	AD	DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC DOOLEY, DENNIS J 2100 E GRAND AVENUE EL SEGUNDO CA 30245	XI Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST Lou Ann 200 W.	ne Gilmore Cesar Chavez, Su TX 78701		☐ Change	⊠ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RISLEY, MICHAEL W 7800 STEMMONS FREEWAY DALLAS TX 75247	☐ Delete 8TH FLR.	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			-	Change	☐ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE		□ Delete	TITLE				☐ 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.

CITY-ST-ZIP

SIGNATURE:

Manne Gilmore/Secretary & Treasurer 04/07/03 310.615.0311 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Change

☐ Addition