SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 14 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F94000002741 (6)**

1. Corporation Name
SECHRIST CLINCAL SERVICES, INC.

Principal Place of Business	Mailing Address
[redacted]LA PALMS AVE. A[redacted]M CA 92807	4225 E. LA PALMS AVE. ANAHEIM CA 92807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1994	3a. Date of Last Report:
2. Principal Place of Business 21: SAME	2a. Mailing Address 26: SAME
4. FEI Number: 33-0554113	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23:	City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24: / County 25:	Zip 29: / County 30:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORAITON SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☐ Addition
NAME	SECHRIST, J R	12 NAME	
STREET ADDRESS	1120 E. BALBOA BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92661	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BUSH, DAVID J	22 NAME	
STREET ADDRESS	27562 LOST TRAIL	23 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA HILLS CA 92653	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JUDY	32 NAME	
STREET ADDRESS	GENERAL DELIVERY	33 STREET ADDRESS	
CITY-ST-ZIP	WILSON WY 83014	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	BRYARS, SCOTT J	42 NAME	
STREET ADDRESS	25166 FAIRGREEN	43 STREET ADDRESS	
CITY-ST-ZIP	MISSION VIEJO CA 92692	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7.10.95 (714)579-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103574 FN

F04-2741

6/23/95 CORPORATE DETAIL RECORD SCREEN 10:25 AM

NUM: F94000002741 ST:DE ACTIVE/FOREIGN PROF FLD: 05/25/1994
FEI#: 33-0554113
NAME : SECHRIST CLINICAL SERVICES, INC.
PRINCIPAL: 4225 E. LA PALMS AVE.
ADDRESS ANAHEIM, CA 92807
RA NAME : THE PRENTICE HALL CORPORAITON SYSTEM, INC.
RA ADDR : 1201 HAYS ST., #105
TALLAHASSEE, FL 32301 US
ANN REP : * NONE FILED *

6/23/95 OFFICER/DIRECTOR DETAIL SCREEN 10:26 AM

CORP NUMBER: F94000002741 CORP NAME: SECHRIST CLINICAL SERVICES, INC.
TITLE: DC NAME: SECHRIST, J R
1120 E. BALBOA BLVD.
NEWPORT BEACH, CA 92661
TITLE: PD NAME: BUSH, DAVID J
27562 LOST TRAIL
LAGUNA HILLS, CA 92653
TITLE: VD NAME: JOHNSON, JUDY
GENERAL DELIVERY
WILSON, WY 83014
TITLE: ST NAME: BRYARS, SCOTT J
25166 FAIRGREEN
MISSION VIEJO, CA 92692