

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000002741 (6)			
1. Corporation Name SECHRIST CLINICAL SERVICES, INC.			
Principal Place of Business 4225 E. LA PALMA AVE. ANAHEIM CA 92807		Mailing Address 4225 E. LA PALMA AVE. ANAHEIM CA 92807-1815	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		81 Name NATIONAL REGISTERED AGENTS, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVENUE 83 TALLAHASSEE, FL 84 City FL 85 Zip Code 32301	
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 <i>C. Bailet</i> , Vice President National Registered Agents, Inc. 2-27-97 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	DIRECTOR
NAME	SECHRIST, J R	1.2 NAME	
STREET ADDRESS	1120 E. BALBOA BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92661	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	PRESIDENT AND DIRECTOR
NAME	BUSH, DAVID J	2.2 NAME	
STREET ADDRESS	27562 LOST TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA HILLS CA 92653	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	JOHNSON, JUDY	3.2 NAME	
STREET ADDRESS	GENERAL DELIVERY	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILSON WY 83014	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	SECRETARY AND DIRECTOR
NAME	BRYARS, SCOTT J	4.2 NAME	
STREET ADDRESS	25166 FAIRGREEN	4.3 STREET ADDRESS	
CITY-ST-ZIP	MISSION VIEJO CA 92692	4.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	5.1 TITLE	
NAME	CHRISTOPHER PATRICK	5.2 NAME	
STREET ADDRESS	1468 E DIXON PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLACENTIA, CA 92870	5.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	6.1 TITLE	
NAME	SUZANNE DESANTIS	6.2 NAME	
STREET ADDRESS	207 GARDEN LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32750	6.4 CITY-ST-ZIP	
14. I do 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 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 amendment with an address.			
SIGNATURE: <i>[Signature]</i>		2-21-97 (714) 579-8400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)