

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

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000002741 (6)**  
 1. Corporation Name  
**SECHRIST CLINICAL SERVICES, INC.**

Principal Place of Business <b>4225 E. LA PALMA AVE. ANAHEIM CA 92807</b>	Mailing Address <b>4225 E. LA PALMA AVE. ANAHEIM CA 92807</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>05/25/1994</b>	
<b>4.</b> FEI Number <b>33-0554113</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**NATIONAL REGISTERED AGENTS, INC.**  
**526 E. PARK AVE.**  
**TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SECHRIST, J R</b>	
STREET ADDRESS	<b>1120 E. BALBOA BLVD.</b>	
CITY-ST-ZIP	<b>NEWPORT BEACH CA 92881</b>	
TITLE	<b>PD CEO/DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>BUSH, DAVID J</b>	
STREET ADDRESS	<b>27562 LOST TRAIL</b>	
CITY-ST-ZIP	<b>LAGUNA HILLS CA 92653</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>PATRICK, CHRISTOPHER</b>	
STREET ADDRESS	<b>1488 E DIXON PL</b>	
CITY-ST-ZIP	<b>PLACENTIA CA 92870</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>DESANTIS, SUZANNE</b>	
STREET ADDRESS	<b>207 GRDEN LANE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCOTT, BRYARS</b>	
STREET ADDRESS	<b>25168 FAIRGREEN</b>	
CITY-ST-ZIP	<b>MISSION VIEJO CA 92892</b>	
TITLE	<b>DIRECTOR/COO</b>	<input type="checkbox"/> DELETE
NAME	<b>TERRY BAYER</b>	
STREET ADDRESS	<b>12 WHITESAND DRIVE</b>	
CITY-ST-ZIP	<b>NEWPORT COAST, CA 92657</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KEVIN FARRELL/ VP-SALES</b>	
1.3 STREET ADDRESS	<b>22721 SANDALWOOD</b>	
1.4 CITY-ST-ZIP	<b>MISSION VIEJO, CA 92692</b>	
2.1 TITLE	<b>JADA ROBITAILLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VP-MARKETING</b>	
2.3 STREET ADDRESS	<b>1449 E. EVANS LANE</b>	
2.4 CITY-ST-ZIP	<b>PLACENTIA, CA 92870</b>	
3.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CAROL FARRELL-HR AND ADMINISTRATION</b>	
3.3 STREET ADDRESS	<b>22721 SANDALWOOD</b>	
3.4 CITY-ST-ZIP	<b>MISSION VIEJO, CA 92692</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**14.** 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 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.

CR2E034 (10/97)

1/23/98 (311)559-8400

**SECHRIST CLINICAL SERVICES INC.**

**OFFICERS:**

**DAVID BUSH  
CHIEF EXECUTIVE OFFICER  
27562 LOST TRAIL DRIVE  
LAGUNA HILLS, CA 92653**

**TERRY BAYER  
PRESIDENT & CHIEF OPERATING OFFICER  
12 WHITESANDS DRIVE  
NEWPORT COAST, CA 92657**

**SCOTT J. BRYARS  
VICE-PRESIDENT OF FINANCE & SECRETARY  
22591 PINERIDGE  
MISSION VIEJO, CA 92692**

**CHRISTOPHER PATRICK  
VICE-PRESIDENT OF OPERATIONS  
1468 E DIXON PLACE  
PLACENTIA, CA 92870**

**SUZANNE DESANTIS  
VICE-PRESIDENT OF CLINICAL OPERATIONS  
207 GARDEN LANE  
LONGWOOD, FL 32750**

**KEVIN FARRELL  
VICE PRESIDENT OF SALES  
22721 SANDALWOOD  
MISSION VIEJO, CA 92692**

**JADA ROBITAILLE  
VICE PRESIDENT OF MARKETING  
1449 E. EVANS LANE  
PLACENTIA, CA 92870**

**CAROL FARRELL  
VICE PRESIDENT HUMAN RESOURCES AND ADMINISTRATION  
22721 SANDALWOOD  
MISSION VIEJO, CA 92692**

**SECHRIST CLINICAL SERVICES INC.**

**DIRECTORS:**

**DAVID BUSH  
27562 LOST TRAIL DRIVE  
LAGUNA HILLS, CA 92653**

**TERRY BAYER  
12 WHITESANDS DRIVE  
NEWPORTCOAST, CA 92657**

**SCOTT J. BRYARS  
22591 PINERIDGE  
MISSION VIEJO, CA 92692**