

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90005 045 ***150.00

0554853

DOCUMENT # F94000002741

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1994

4. FEI Number

33-0554113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FARRELL, KEVIN	
STREET ADDRESS	22721 SANDALWOOD	
CITY-ST-ZIP	MISSION VIEJO CA 92692	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUSH, DAVID J	
STREET ADDRESS	27562 LOST TRAIL	
CITY-ST-ZIP	LAGUNA HILLS CA 92653	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PATRICK, CHRISTOPHER	
STREET ADDRESS	1468 E DIXON PL	
CITY-ST-ZIP	PLACENTIA CA 92870	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DESANTIS, SUZANNE	
STREET ADDRESS	207 GRDEN LANE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, BRYARS	
STREET ADDRESS	25166 FAIRGREEN	
CITY-ST-ZIP	MISSION VIEJO CA 92692	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BAYER, TERRY	
STREET ADDRESS	12 WHITESAND DR	
CITY-ST-ZIP	NEWPORT COAST CA 92657	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICH HIRSHBERG	
1.3 STREET ADDRESS	4225 E. LA PALMA AVE	
1.4 CITY-ST-ZIP	ANAHEIM CA 92807	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JUDY BLMORE	
2.3 STREET ADDRESS	4225 E. LA PALMA AVE	
2.4 CITY-ST-ZIP	ANAHEIM CA 92807	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE:

Richard Hirschberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Hirschberg 5/24/99 714-579-8400

Date

Daytime Phone #

CR2E034 (11/98)