2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 15, 2000 8:00 am Secretary of State DOCUMENT # **F94000002741** 1. Entity Name SECHRIST CLINICAL SERVICES, INC. 02-15-2000 90024 022 ***150.00 Principal Place of Business Mailing Address 4225 E. LA PALMA AVE. 4225 E. LA PALMA AVE. ANAHEIM CA 92807-1815 713179 ANAHEIM CA 92807 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 33-0554113 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NATIONAL REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE FL 32301 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete TITLE TITLE WALD SECHRIST 25 E. LA PARMA AUE HIRSHBERG, RICH NAME STREET ADDRESS 4225 E. LA PALMA AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ANAHEIM CA 92807 ☐ Change ☐ Addition 🗹 Delete TITLE BUSH, DAVID J NAME NAME STREET ADDRESS STREET ADDRESS 27562 LOST TRAIL CITY-ST-ZIP CITY-ST-7IP **LAGUNA HILLS CA 92653** ☐ Change Addition 🖊 Delete TITLE PATRICK, CHRISTOPHER NAME MAME STREET ADDRESS STREET ADDRESS 1468 E DIXON PL CITY-ST-ZIP CITY-ST-ZIP PLACENTIA CA 92870 Addition ☐ Change 🜠 Delete DESANTIS, SUZANNE NAME STREET ADDRESS STREET ADDRESS 207 GRDEN LANE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 **Delete** Change Addition TITLE ELMORE, JUDY NAME STREET ADDRESS STREET ADDRESS 4225 E. LA PALMA AVENUE CITY-ST-ZIP CITY-ST-ZIP ANAHEIM CA 92807 PISID M Change ☐ Delete Addition TITLE BAYER, TERRY NAME

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

12 WHITESAND DR

NEWPORT COAST CA 92657

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00 7/4 57984 00