FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

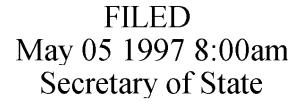
1997

DOCUMENT # F9400002974 (3)

PACIFICARE HEALTH SYSTEMS FOUNDATION, INC.

Principal Place of Business Mailing Address

5995 PLAZA DRIVE MS-1460
CYPRESS CA 90630 CYPRESS CA 90630





CYPRESS CA 9	0630	CYPRESS CA 90630									
						3. Date Incorporated or Qualifier 06/07/1994	d 3a. Di	ate of La 05/23	1st Rep 3/199	oort 96	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			App	lied For		
21		26				33-0478608			Not	Applicable	
Suite, Apt. (W, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	,	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
Zip	Country	Zip	Cour	ntry	• • • • • • • • • • • • • • • • • • • •	8. This corporation has liability for	or intannible				
24	25	29	30			Florida Statutes Yes No					
	9, Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent							
				81	Name						
C T CORPORATION SYSTEM					Street Ac	ddress (P.O. Box Number is Not Accep	lable)				
	OUTH PINE ISLAND ROAD		83								
PLANIA	TION FL 33324										
•	·			84	City		FL	85	Zip Co	ode	
11. Pursuant to office or reagent. I ar	o the provisions of Sections 617,050; egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 617.1508, Florida Statu of Florida. Such change was ations of, Section 617.0503, F	tes, the at authorized lorida Stati	ove- by t utes.	named c he corpo	orporation submits this statement for the ration's board of directors. I hereby according to the result of the res	purpose o cept the app	f changi ointmer	ng its it as re	registered egistered	
SIGNATURE _	Signature, typed or printed name of registered age	nt and little if applicable (NO	TE Registered	Agent	signature re	quired when reinstating)	DATE				
12.	OFFICERS AND		18.			ADDITIONS/CHANGES 10 OF	FICERS AND	DIREC	TORS	IN 12	
TITLE	VD	DELETE	1.1 TiT	L€		Ρ		Cha	nge	Addition	
NAME	CUNNINGHAM, LUCY	•	1.2 NA	ME	į	wood, Bill .					
STREET ADDRESS	5995 PLAZA DRIVE		1.3 STREET ADDRES		DDRESS	5995 Plaza Drive	•				
CITY-ST-ZIP	CYPRESS CA 90630 1.41		1.4 CIT	Y-ST-	ZIP (harces, CA 9063	0				
TITLE	8	☐ DELET E	2.1 10	LE		J' 1		☐ Cha	nge	Addition	
NAME	KONOWIECKI, JOSEPH		2.2 NAME								
STREET ADDRESS	5995 PLAZA DRIVE		2.3 STREET ADDRESS		DDRESS						
CITY-ST-ZIP	CYPRESS CA		2.4 CI	2.4 CITY-ST-ZIP							
TITLE	▼ DELETE 3.1			LE				Cha	nge	Addition	
NAME	LOWELL, WAYNE		3.2 NAME								
STREET ADDRESS	5995 PLAZA DRIVE		3.3 STREET		DDRESS						
CITY-ST-ZIP	CYPRESS CA		3.4. CI	3.4. CITY-ST-ZIP			1				
TITLE	CD	☐ DELETE	4:1 TIT	LE				☐ Cha	nge	Addition	
NAME	THE REPORT OF THE PARTY OF THE		4.2 N/	AME							
STREET ADDRESS				REET AI	DDRE S S		•				
CITY-ST-ZIP	CYPRESS CA		4.4 011	Y-\$T-	ZIP						
TITLE	D	☐ DELETE	5.1 TIT	LE				☐ Cha	nge	Addition	
NAME	LLOYD, BOB		5.2 NA	ME							
STREET ADDRESS	5995 PLAZA DRIVE		5.3 ST	REET AI	DORESS						
CITY-ST-ZIP	CYPRESS CA	· · · · · · · · · · · · · · · · · · ·	5.4 CIT	Y-ST-	ZIP						
TITLE	D	☐ DELETE	6.1 TtT	LE				Cha	nge	Addition	
NAME	FOLICK, JEFF		6.2 NA	ME							
STREET ADDRESS	5995 PLAZA DRIVE		6.3 ST	REET A	DDRESS						
CITY-ST-ZIP	CYPRESS CA 90630		6.4 CIT	ry-St-	ŽIP						

I. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an attachment with an address.

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