

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003927 (0)

1. Corporation Name

COMMUNITY CARE NETWORK, INC.



Principal Place of Business

**5251 VIEWRIDGE COURT
SAN DIEGO CA 92123**

Mailing Address

**5251 VIEWRIDGE COURT
SAN DIEGO CA 92123**

3. Date Incorporated or Qualified

07/27/1994

3a. Date of Last Report

02/01/1995

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

29

30

4. FEI Number

33-0048033

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 that appears on the front of the report.

Signature, typed or printed name of registered agent and that appears on the front of the report.

DATE

12. OFFICERS AND DIRECTORS

TITLE

PCD

☐ DELETE

NAME

BUNCHER, JAMES E

STREET ADDRESS

5251 VIEWRIDGE COURT

CITY- ST- ZIP

SAN DIEGO CA

TITLE

VSD

☐ DELETE

NAME

PLAXICO, NANCY B

STREET ADDRESS

5251 VIEWRIDGE COURT

CITY- ST- ZIP

SAN DIEGO CA

TITLE

V

☐ DELETE

NAME

SULLIVAN, PATRICK

STREET ADDRESS

5251 VIEWRIDGE COURT

CITY- ST- ZIP

SAN DIEGO CA

TITLE

V

☐ DELETE

NAME

FOOTE, SANDRA M

STREET ADDRESS

5251 VIEWRIDGE COURT

CITY- ST- ZIP

SAN DIEGO CA

TITLE

V

☐ DELETE

NAME

BAKER, STEPHEN

STREET ADDRESS

5251 VIEWRIDGE CT.

CITY- ST- ZIP

SAN DIEGO CA

TITLE

VT

☒ DELETE

NAME

MORGAN, RICHARD C

STREET ADDRESS

5251 VIEWRIDGE COURT

CITY- ST- ZIP

SAN DIEGO CA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

**c/o Value Health, Inc., 22 Waterville Rd
Avon, CT 06001**

1.4 CITY- ST- ZIP

VS

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

D

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

Shulman, Steven J.

**c/o Value Health, Inc. 22 Waterville Rd.
Avon, CT 06001**

☐ Change

☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

D

Wurzer, David M.

**c/o Value Health, Inc., 22 Waterville Rd.
Avon, CT 06001**

☐ Change

☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

D

Finigan, Paul M.

**c/o Value Health, Inc., 22 Waterville Rd
Avon, CT 06001**

☐ Change

☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

CFO/T

Faulkner, Blaine

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Blaine Faulkner

Blaine Faulkner, CFO/Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(619) 278-2273

Daytime Phone #

CR2E034 (12/95)