

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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 92123-1646
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/27/1994		3a. Date of Last Report 04/29/1996	
				4. FEI Number 33-0048033		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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			
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNCHER, JAMES E	1.2 NAME	
STREET ADDRESS	C/O VALUE HEALTH, INC 22 WATERMILL E FR	1.3 STREET ADDRESS	5251 VIEWRIDGE CT.
CITY-ST-ZIP	AVON CT	1.4 CITY-ST-ZIP	SAN DIEGO, CA 92123
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAXICO, NANCY B	2.2 NAME	
STREET ADDRESS	5251 VIEWRIDGE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	2.4 CITY-ST-ZIP	SAN DIEGO, CA 92123
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULMAN, STEVEN J	3.2 NAME	
STREET ADDRESS	C/O VALUE HALTH INC 22 WATERMILL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVON CT	3.4 CITY-ST-ZIP	AVON, CT 06001
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOOTE, SANDRA M	4.2 NAME	JOHNSTON, SHANNON J.
STREET ADDRESS	5251 VIEWRIDGE COURT	4.3 STREET ADDRESS	5251 VIEWRIDGE COURT
CITY-ST-ZIP	SAN DIEGO CA	4.4 CITY-ST-ZIP	SAN DIEGO, CA 92123
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, STEPHEN	5.2 NAME	
STREET ADDRESS	5251 VIEWRIDGE CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	5.4 CITY-ST-ZIP	SAN DIEGO, CA 92123
TITLE	CFOT <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, BLAINE	6.2 NAME	
STREET ADDRESS	5251 VIEWRIDGE COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	6.4 CITY-ST-ZIP	SAN DIEGO, CA 92123

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:  **Blaine Faulkner**
VP/CFO/Treasurer
3/25/97 (619) 278-2273
Date Daytime Phone #

CR2E034 (9/96)