SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
96 JUL -5 PM 2:49
SECRETARY OF STATE TALLAHASSEE, FLORIDA

200001885242
-07/05/96--01053--015
****225.00 ****225.00

DOCUMENT # F94000004860 (2)

1. Corporation Name

SPECIALTY CARE AMERICA, INC.

Principal Place of Business	Mailing Address
400 PRIMROSE. #200 BURLINGAME CA 94010	400 PRIMROSE. #200 BURLINGAME CA 94010

3. Date Incorporated or Qualified: **09/20/1994**
3a. Date of Last Report: **07/25/1995**

2. Principal Place of Business
21 1850 Gateway Drive
Suite, Apt #, etc
22 500
City & State
23 San Mateo, CA
Zip 24 94404 Country 25 USA

2a. Mailing Address
26 1850 Gateway Drive
Suite, Apt #, etc
27 500
City & State
28 San Mateo, CA
Zip 29 94404 Country 30 USA

4. FEI Number: **33-0606825** ☐ 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

CT 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

200001885242
-07/05/96--01053--014
******8.75 ******8.75

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 7-5-96

CR2E034 (3/96)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1 1 TITLE	DST	☒ Change ☐ Addition
NAME	ZYMWALT, LEANNE		1 2 NAME	ZUMWALT, LeAnne	
STREET ADDRESS	2 MARIBLU		1 3 STREET ADDRESS	1850 Gateway Drive, Suite 500	
CITY-ST-ZIP	LAGUNA HILLS CA		1 4 CITY-ST-ZIP	San Mateo, CA 94404	
TITLE	DP	☒ DELETE	2 1 TITLE	V	☐ Change ☒ Addition
NAME	BARRY, DAVID P		2 2 NAME	SCHOENBERG, Timothy	
STREET ADDRESS	11 MAREBLUE #110		2 3 STREET ADDRESS	1850 Gateway Drive, Suite 500	
CITY-ST-ZIP	LAGUNA HILLS CA 92656		2 4 CITY-ST-ZIP	San Mateo, CA 94404	
TITLE	DC	☐ DELETE	3 1 TITLE	DC	☒ Change ☐ Addition
NAME	THIRY, KENT J		3 2 NAME	THIRY, Kent J.	
STREET ADDRESS	400 PRIMROSE, #200		3 3 STREET ADDRESS	1850 Gateway Drive, Suite 500	
CITY-ST-ZIP	BURLINGAME CA 94010		3 4 CITY-ST-ZIP	San Mateo, CA 94404	
TITLE	DST	☒ DELETE	4 1 TITLE	V	☐ Change ☒ Addition
NAME	ZUMWALT, LEANNE		4 2 NAME	GILPIN, Terry O.	
STREET ADDRESS	400 PRIMROSE, #200		4 3 STREET ADDRESS	28870 US 19 North, Suite 300	
CITY-ST-ZIP	BURLINGAME CA		4 4 CITY-ST-ZIP	Clearwater, FL 34621	
TITLE	V	☐ DELETE	5 1 TITLE	V	☒ Change ☐ Addition
NAME	EVERETT, STEPHEN		5 2 NAME	EVERETT, Stephen	
STREET ADDRESS	11 MAREBLU #110		5 3 STREET ADDRESS	115 Columbia	
CITY-ST-ZIP	LAGUNA HILLS CA 92656		5 4 CITY-ST-ZIP	Aliso Viejo, CA 92656	
TITLE	V	☐ DELETE	6 1 TITLE	DP	☒ Change ☐ Addition
NAME	LEWIN, HOWARD		6 2 NAME	LEWIN, Howard	
STREET ADDRESS	1963 CLUB HOUSE RD 720		6 3 STREET ADDRESS	19630 Club House Drive, Suite 720	
CITY-ST-ZIP	GAITHERSBURG MD		6 4 CITY-ST-ZIP	Gaithersburg, MD 20879	

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

SIGNATURE: Stephen Everett ~~LeAnne Zumwalt~~, ~~Secretary~~ (415) 577-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #