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Mar 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000004860 (2)

1. Corporation Name

SPECIALTY CARE AMERICA, INC.



Principal Place of Business

Mailing Address

1850 GATEWAY DRIVE
500
SAN MATEO CA 94404

1850 GATEWAY DRIVE
500
SAN MATEO CA 94404-2467

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

3. Date Incorporated or Qualified

09/20/1994

3a. Date of Last Report

07/05/1996

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DST
NAME ZUMWALT, LEANNE
STREET ADDRESS 1850 GATEWAY DRIVE, SUITE 500
CITY-ST-ZIP SAN MATEO CA 94404

TITLE V
NAME SCHOENBERG, TIMOTHY
STREET ADDRESS 1850 GATEWAY DRIVE, SUITE 500
CITY-ST-ZIP SAN MATEO CA 94404

TITLE DC
NAME THIRY, KENT J
STREET ADDRESS 1850 GATEWAY DRIVE, SUITE 500
CITY-ST-ZIP SAN MATEO CA 94404

TITLE V
NAME GILPIN, TERRY O
STREET ADDRESS 28870 U.S. 19 NORTH, SUITE 300
CITY-ST-ZIP CLEARWATER FL 34621

TITLE V
NAME EVERETT, STEPHEN
STREET ADDRESS 115 COLUMBIA
CITY-ST-ZIP ALISO VIEJO CA 92656

TITLE V
NAME LEWIN, HOWARD
STREET ADDRESS 1963 CLUB HOUSE DRIVE, SUITE 720
CITY-ST-ZIP GAITHERSBURG MD 20879

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

President
Howard J. Lewin
19630 Club House Drive, Suite 720
Gaithersburg, MD 20879

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 if changed, or on an attachment with an address.

SIGNATURE: *Leanne M. Zumwalt* LEANNE M. ZUMWALT, Secretary

2/19/97

CR2E034 (9/96)