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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002504 (7)

1. Corporation Name

PACIFICARE ADMINISTRATIVE SERVICES, INC.



Principal Place of Business

5701 KATELLA AVENUE
CYPRESS CA 90630

Mailing Address

5701 KATELLA AVENUE
CYPRESS CA 90630

3. Date Incorporated or Qualified

05/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. 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

200001810352

84 City

-05/07/96--01018--009
***200.00

FL 85 Zip Code

1. 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 in parentheses

(Date) Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME WAMPLER, JON
STREET ADDRESS 1501 LINCOLN LANE
CITY-ST-ZIP NEWPORT BEACH CA 92660

1.1 TITLE PID
1.2 NAME Wampler, Jon
1.3 STREET ADDRESS 5701 Katella Ave.
1.4 CITY-ST-ZIP Cypress, CA 90630

TITLE V
NAME SHEPARD, JIM
STREET ADDRESS #7 ARGO
CITY-ST-ZIP IRVINE CA 92715

2.1 TITLE D/C
2.2 NAME Polick, Jeff
2.3 STREET ADDRESS 5995 Plaza Drive
2.4 CITY-ST-ZIP Cypress, CA 90630

TITLE S
NAME KONOWIECKI, JOSEPH S ESQ.
STREET ADDRESS 277 ARGONNE AVENUE
CITY-ST-ZIP LONG BEACH CA 90803

3.1 TITLE
3.2 NAME Konowiecki, Joseph
3.3 STREET ADDRESS 5995 Plaza Drive
3.4 CITY-ST-ZIP Cypress, CA 90630

TITLE TD
NAME LOWELL, WAYNE
STREET ADDRESS #6 BAYSIDE
CITY-ST-ZIP IRVINE CA 92714

4.1 TITLE
4.2 NAME Lowell, Wayne
4.3 STREET ADDRESS 5995 Plaza Drive
4.4 CITY-ST-ZIP Cypress, CA 90630

TITLE D
NAME DAVIS, RONALD M
STREET ADDRESS #8 MEADOWGRASS
CITY-ST-ZIP IRVINE CA 92714

5.1 TITLE
5.2 NAME Davis, Ronald M.
5.3 STREET ADDRESS 5995 Plaza Drive
5.4 CITY-ST-ZIP Cypress CA 90630

TITLE VC
NAME WAMPLER, JON
STREET ADDRESS 1501 LINCOLN LANE
CITY-ST-ZIP NEWPORT BEACH CA 92660

6.1 TITLE D
6.2 NAME Williams, Jim
6.3 STREET ADDRESS 5995 Plaza Drive
6.4 CITY-ST-ZIP Cypress, CA 90630

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

Signature and typed or printed name of signing officer or director

Joseph S. Konowiecki

Secretary

4/22/96

(114) 229-2783

Date Date/Time Printed

CR2E034 (12/95)