

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

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

FILED
Mar 19 1997 8:00am
Secretary of State

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 90630-5019

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

29

3. Date Incorporated or Qualified
05/23/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
33-0603767

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

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 of person or persons authorized to sign for corporation (handwritten signature required)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WAMPLER, JON	
STREET ADDRESS	5701 KATELLA AVENUE	
CITY - ST - ZIP	CYPRESS CA 90630	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	FOLICK, JEFF	
STREET ADDRESS	5995 PLAZA DR.	
CITY - ST - ZIP	CYPRESS CA 90630	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KONOWIECKI, JOSEPH S ESQ.	
STREET ADDRESS	5995 PLAZA DR.	
CITY - ST - ZIP	CYPRESS CA 90630	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOWELL, WAYNE	
STREET ADDRESS	5995 PLAZA DR.	
CITY - ST - ZIP	CYPRESS CA 90630	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, RONALD M	
STREET ADDRESS	5995 PLAZA DR.	
CITY - ST - ZIP	CYPRESS CA 90630	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JIM	
STREET ADDRESS	5995 PLAZA DR.	
CITY - ST - ZIP	CYPRESS CA 90630	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 is dated 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:

Joseph S. Konowiecki
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph S. Konowiecki

March 7, 1997

(714) 952-1121

Date

Daytime Phone #

CR2E034 (9/96)