

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	
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	
2. Principal Place of Business ONE ALHAMBRA PLAZA Suite, Apt. #, etc. SUITE 1000 City & State CORAL GABLES, FL Zip 33134		2a. Mailing Address ONE ALHAMBRA PLAZA Suite, Apt. #, etc. SUITE 1000 City & State CORAL GABLES, FL Zip 33134	
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 <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	
7. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 GERALD B. STERNSTEIN 82 Street Address (P.O. Box Number is Not Acceptable) 215 SOUTH MONROE STREET 83 SUITE 815 84 City TALLAHASSEE FL 85 Zip Code 32301	
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: <u>GERALD B. STERNSTEIN ESQ</u> 4-30-97 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D WAMPLER, JON 5701 KATELLA AVENUE CYPRESS, CA 90630 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P/T/D KENNETH RIMMER ONE ALHAMBRA PLAZA, SUITE 1000 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/C FOLICK, JEFF 5995 PLAZA DRIVE CYPRESS, CA 90630 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V/S R.J. ARRINGTON, JR. M.D. ONE ALHAMBRA PLAZA, SUITE 1000 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KONOWIECKI, JOSEPH 5995 PLAZA DRIVE CYPRESS, CA 90630 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	800002162128 -05/01/97--01069--023 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D LOWELL, WAYNE 5995 PLAZA DRIVE CYPRESS, CA 90630 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, RONALD M. 5995 PLAZA DRIVE CYPRESS, CA 90630 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, JIM 5995 PLAZA DRIVE CYPRESS, CA 90630 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>H. C. Rimmer, CEO</u> 4-29-97 313-871-7879 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			