

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90060 033 ***150.00

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1. Corporation Name

FOUNDATION HEALTH A DELAWARE CORPORATION



Principal Place of Business

**225 NORTH MAIN STREET
2ND FLOOR
PUEBLO CO 81003**

Mailing Address

**225 NORTH MAIN STREET
2ND FLOOR, LEGAL DEPT.
PUEBLO CO 81003**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1995

4. FEI Number

68-0014772

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 21600 Oxnard Street

Suite, Apt. #, etc.

2a. Mailing Address

26 21600 Oxnard Street

Suite, Apt. #, etc.

22
City & State

23 Woodland Hills, CA

Zip Country

24 91367 25 USA

City & State

28 Woodland Hills, CA

Zip Country

29 91367 30 USA

9. Name and Address of Current Registered Agent

**C T 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **GELLERT, JAY M COO**
STREET ADDRESS **21600 OXNARD STREET, SUITE 1700**
CITY-ST-ZIP **WOODLAND HILLS CA 91367**

TITLE **SVD** ☐ DELETE
NAME **WESTEN, JR., B. CURTIS GC**
STREET ADDRESS **225 NORTH MAIN STREET**
CITY-ST-ZIP **PUEBLO CO 81003**

TITLE **AS** ☐ DELETE
NAME **JANSEN, MICHAEL E**
STREET ADDRESS **225 NORTH MAIN STREET**
CITY-ST-ZIP **PUEBLO CO 81003**

TITLE **D** ☐ DELETE
NAME **BOGGS, DAVID A**
STREET ADDRESS **3210 CITIZEN AVE**
CITY-ST-ZIP **LAS VEGAS NV 89030**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 **21600 Oxnard Street**
2.4 CITY-ST-ZIP **Woodland Hills, CA 91367**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **21600 Oxnard Street**
3.4 CITY-ST-ZIP **Woodland Hills, CA 91367**

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 **Treasure/Chief Fin. Officer**
5.3 STREET ADDRESS **Michael White**
5.4 CITY-ST-ZIP **21600 Oxnard Street**
Woodland Hills, CA 91367

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Michael White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99

Date

Daytime Phone #

CR2E034 (1/98)