

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000003127**

1. Entity Name

FOUNDATION HEALTH A DELAWARE CORPORATION ✓**FILED**
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90134 004 ***550.00

Principal Place of Business

**21600 OXNARD ST
WOODLAND MILLS CA 91367**

Mailing Address

**21600 OXNARD ST
2ND FLOOR. LEGAL DEPT.
WOODLAND MILLS CA 91367**

00003397



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21650 Oxnard Street

3. Mailing Address

21650 Oxnard Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Woodland Hills, CA

City & State

Woodland Hills, CA

4. FEI Number

68-0014772

Applied For

Not Applicable

Zip

91367

Country

USA

Zip

91367

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back.) ☒**FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GELLERT, JAY M COO 21600 OXNARD STREET, SUITE 1700 WOODLAND HILLS CA 91367	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD WESTEN, JR., B. CURTIS GC 21600 OXNARD ST WOODLAND HILLS CA 91367	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JANSSEN, MICHAEL E 21600 OXNARD ST WOODLAND HILLS CA 91367	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGGS, DAVID A 3210 CITIZEN AVE LAS VEGAS NV 89030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO WHITE, MICHAEL 21600 OXNARD ST WOODLAND HILLS CA 91367	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President and Assistant General Counsel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)



attachment doc #
F 95000003127
DW83997

August 25, 2000

Via U.S. Mail

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

Enclosed please find an executed and completed Profit Corporation Annual Report of Foundation Health A Delaware Corporation and a check for the filing fee in the amount of \$550.00.

Please file-stamp the enclosed copy of this letter and return it to my attention in the envelope provided. If you have any questions, please contact the undersigned. Thank you for your assistance in this matter.

Sincerely,

Eric G. Groen

Enclosures

cc: Karen Decker