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Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003830 (5)

1. Corporation Name

FOUNDATION HEALTH VISION SERVICES, INC.

Principal Place of Business

3400 DATA DR.  
RANCHO CORDOVA CA 95670

Mailing Address

3400 DATA DR.  
RANCHO CORDOVA CA 95670-7856



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1995	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 77-0067022	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	Jay m. Gellert
NAME	HENRY R. LOUBET	1.2 NAME	Director
STREET ADDRESS	3400 DATA DRIVE	1.3 STREET ADDRESS	21600 Oxnard Street, Suite 1700
CITY-ST-ZIP	RANCHO CORDOVA CA	1.4 CITY-ST-ZIP	Woodland Hills, CA 91367
TITLE	DV	2.1 TITLE	
NAME	ELDER, JEFFREY L	2.2 NAME	
STREET ADDRESS	3400 DATA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RANCHO CORDOVA CA	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	LARRY L. INNOCENT	3.2 NAME	
STREET ADDRESS	3400 DATA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	RANCHO CORDOVA CA	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	ALLEN J. MARABITO	4.2 NAME	
STREET ADDRESS	3400 DATA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	RANCHO CORDOVA CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Garry N. Garrison
NAME	KIM, DONG KOOK	5.2 NAME	Director
STREET ADDRESS	185 DUBOIS ST.	5.3 STREET ADDRESS	3400 Data Drive
CITY-ST-ZIP	SANTA CRUZ CA 95060	5.4 CITY-ST-ZIP	Rancho Cordova, CA 95670
TITLE	PDD	6.1 TITLE	President / Director
NAME	WERGIN, ROB	6.2 NAME	
STREET ADDRESS	28202 CABOT ROAD, SUITE 600	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA NIGUEL CA	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 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

Date

Daytime Phone #

0508940

CR2E034 (9/96)