

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003922 (0)

1. Corporation Name

FOUNDATION HEALTH PSYCHCARE SERVICES, INC.

Principal Place of Business

**3400 DATA DRIVE
RANCHO CORDOVA CA 95670**

Mailing Address

**3400 DATA DRIVE
RANCHO CORDOVA CA 95670-7856**

Legal Department



2. Principal Place of Business

21 1600 Los Gamos Drive

Suite, Apt. #, etc.

22

City & State

23 San Rafael, CA

Zip

24 94903

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/14/1995

3a. Date of Last Report

04/10/1996

4. FEI Number

95-2762150

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

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 **D** ☒ DELETE

NAME **BENSON, KIRK A**
STREET ADDRESS **3400 DATA DRIVE**
CITY-ST-ZIP **RANCHO CORDOVA CA**

TITLE **DCVP** ☐ DELETE

NAME **ELDER, JEFFREY L**
STREET ADDRESS **3400 DATA DRIVE**
CITY-ST-ZIP **RANCHO CORDOVA CA**

TITLE **DCEO** ☒ DELETE

NAME **VELASQUEZ, GARY**
STREET ADDRESS **3450 DATA DR**
CITY-ST-ZIP **RANCHO CORDOVA LA**

TITLE **S** ☐ DELETE

NAME **MARABITO, ALLEN J**
STREET ADDRESS **3400 DATA DRIVE**
CITY-ST-ZIP **RANCHO CORDOVA CA 95670**

TITLE **PCOO** ☒ DELETE

NAME **BAIRSTOW, JEFFREY J**
STREET ADDRESS **3450 DATA DR**
CITY-ST-ZIP **RANCHO CORDOVA CA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Jay M. Gellert**
1.3 STREET ADDRESS **21600 Oxnard Street, Suite 1700**
1.4 CITY-ST-ZIP **Woodland Hills, CA 91367**

2.1 TITLE **DT** ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **DCEO** ☐ Change ☒ Addition

3.2 NAME **Garry N. Ganssen**
3.3 STREET ADDRESS **3400 Data Drive**
3.4 CITY-ST-ZIP **Rancho Cordova, CA 95670**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **TO PCOO** ☐ Change ☒ Addition

5.2 NAME **Michael K. Evans**
5.3 STREET ADDRESS **1600 Los Gamos Drive**
5.4 CITY-ST-ZIP **San Rafael, CA 94903**

6.1 TITLE **VP** ☐ Change ☒ Addition

6.2 NAME **David C. Buhler**
6.3 STREET ADDRESS **1600 Los Gamos Drive**
6.4 CITY-ST-ZIP **San Rafael, CA 94903**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0508847

CR2E034 (9/96)