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FILED
Mar 24 1998 8:00am
Secretary of State

• PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003922 (0)

1. Corporation Name

FOUNDATION HEALTH PSYCHCARE SERVICES, INC.



Principal Place of Business

Mailing Address

1600 LOS GAMOS DR.
SAN RAFAEL CA 94903
US

3400 DATA DRIVE
LEGAL DEPT.
RANCHO CORDOVA CA 95670
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1995

4. FEI Number

95-2762150

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

1600 Los Gamos Dr.

27

Suite, Apt. #, etc.

300

28

City & State
San Rafael, CA

29

Zip

94903

Country

30

US

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 ☐ DELETE

NAME GELLERT, JAY M.
STREET ADDRESS 21600 OXNARD ST., STE. 1700
CITY-ST-ZIP WOODLAND HILLS CA

TITLE ☒ DELETE

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

TITLE ☒ DELETE

NAME DCEO GARRISON, GARY N.
STREET ADDRESS 3400 DATA DR.
CITY-ST-ZIP RANCHO CORDOVA LA

TITLE ☐ DELETE

NAME DPCO EVANS, MICHAEL K.
STREET ADDRESS 1600 LOS GAMOS DR.
CITY-ST-ZIP SAN RAFAEL CA

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME VP BUBLER, DAVID C.
STREET ADDRESS 1600 LOS GAMOS DR.
CITY-ST-ZIP SAN RAFAEL CA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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.

CR2E034 (1097)