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Apr 29 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 # **F96000002242 (3)**

1. Corporation Name

WELLPOINT PHARMACY MANAGEMENT, INC.

Principal Place of Business

**21555 OXNARD ST
WOODLAND HILLS CA 91367**

Mailing Address

**21555 OXNARD ST
WOODLAND HILLS CA 91367-4943**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1996		3a. Date of Last Report N/A	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 95-4510036		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 *		25		29		30	
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	C	1.1 TITLE	CD
NAME	SCHAEFFER, LEONARD D	1.2 NAME	Leonard D. Schaeffer
STREET ADDRESS	21555 OXNARD ST	1.3 STREET ADDRESS	21555 Oxnard Street
CITY-ST-ZIP	WOODLAND HILLS CA 91367	1.4 CITY-ST-ZIP	Woodland Hills, CA 91367
TITLE	D	2.1 TITLE	
NAME	WILLIAMS, RONALD A	2.2 NAME	
STREET ADDRESS	21555 OXNARD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	GEISER, THOMAS C	3.2 NAME	
STREET ADDRESS	21555 OXNARD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	JORDEN, YON Y	4.2 NAME	
STREET ADDRESS	21555 OXNARD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	WEINBERG, D. MARK	5.2 NAME	
STREET ADDRESS	27001 AGOURA RD, SUITE 325	5.3 STREET ADDRESS	
CITY-ST-ZIP	CALABASAS HILLS CA 91301	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Thomas C. Geiser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)