Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90157 041 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000004983

1. Corporation Name

FOUNDATION HEALTH FACILITIES, INC.

FOUNDA	HON HEALTH FACILITIES, II	V O.							
Principal Place	of Business	Mailing Address				1 1001100 1110 18110	2) 20 20 		2161 18188 1111 1881
225 N MAIN ST 2ND FL LEGAL DEPT PUEBLO CO 81003		225 N MAIN ST 2ND FL LEGAL DEPT PUEBLO CO 81003				NOT WRITE IN	THIS SPACE		
US		US				 Date Incorporated of 09/27/1996 	r Qualifed		
	ace of Business ATA DRIVE	2a. Mailing Address 26 3400 DATA DRIVE				4. FEI Number 68-0390438			Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		,		5. Certifcate of Status	Desired	•	5 Additional Required
City & State	CORDOVA, CA	City & State 28 RANCHO CORDOVA	A - CA			_6,_Election_Campaign. Trust Fund Contribu		•	00 May Be
Zip	Country	Zip	Country			This corporation ow Personal Property T		ear Intangible	Х□№
95670	9. Name and Address of Current	1-143010	USA			10. Name and Addres		tered Agent	
	Maine Blie Addition of Californ	3	81	Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			82	Street	Addres	s (P.O. Box Number is N	lot Acceptable)		
	TATION FL 33324		83						
			84	City				FL T	Zip Code
l office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was auth	iorized by	tne corpo	corpora oration	ation submits this statem s board of directors. I he	ent for the purpo reby accept the	ose of changing appointment a	g its registered s registered
SIGNATURE								ATE	
	Signature, typed or printed name of registered agent		■ 13.	t signature r	required w	hen reinstating) ADDITIONS/CHANG			CTORS IN 12
12.	OFFICERS AND	DIRECTORS	1.1 TITLE		DPT	1 ADDITIONS/OFFICE	20 10 01 102	1X Char	
TITLE						ael P. White		_	· – (
NAME	FORGAN, JEFFREY P		1.3 STREET	ADDDECC	3400) Data Drive			
STREET ADDRESS	3400 DATA DR		1.4 CITY-ST		1	ho Cordova,	CA 95670		
CITY-ST-ZIP	RANCHO CORDOVA CA	(X) DELETE	2.1 TITLE	1-ZIP	DS	,		[X] Char	nge
i l	GELLERT. JAY M		4			nael Radford			 i
NAME OTDEET ADDDESS	21600 OXNARD ST STE 1700				1	Data Drive			
STREET ADDRESS	WOODLAND HILLS CA 91367		2. 4 CITY-S			ho Cordova,	CA 95670	•	ļ
CITY-ST-ZIP TITLE	S	₩ DELETE	3.1 TITLE	1-24	ranc	.no cordova,	<u> </u>	☐ Char	nge
NAME	ERWAY, JOE E	X	3.2 NAME						
STREET ADDRESS		:	3.3 STREET	ADDRESS					
	RANCHO CORDOVA CA		34 CITY-S						l
CITY-ST-ZIP	MANORIO CONDOTA CA	☐ DELETE	41 TITLE		i —		···	☐ Char	nge
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS	ļ				
CITY-ST-ZIP			4.4 CITY-S						
TITLE		☐ DELETE	5.1 TITLE					Char	nge 🔲 Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T- ZIP					
TITLE		☐ DELETE	61 TITLE					☐ Char	nge
NAME			6.2 NAME		}				
STREET ADDRESS			6.3 STREET	r address					

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, with all other like empowered.

Wellall Radford Michael Radford