32004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2004 8:00 am Secretary of State **DOCUMENT # F97000002807** 02-02-2004 90021 040 ***150.00 APRIACARE MANAGEMENT SYSTEMS, INC. Principal Place of Business Mailing Address 26220 ENTERPRISE COURT 26220 ENTERPRISE COURT LAKE FOREST, CA 92630-8400 US LAKE FOREST, CA 92630-8400 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01062004 Chg-P 4. FEI Number Applied For City & State City & State 33-0675340 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C-T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE ☐ Change ■ Addition TITLE HIGBY, LAWRENCE M NAME NAME 26220 ENTERPRISE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE FOREST, CA 92630 CFO CFO ☐ Change Addition ☑ Delete TITLE TITLE BAKER, JAMES E NAME KHALIFA, AMIN I. NAME STREET ADDRESS 26220 ENTERPRISE COURT STREET ADDRESS 26220 ENTERPRISE COURT LAKE FOREST, CA-92630 CITY-ST-ZIP CITY-ST-ZIP LAKE-FOREST, CA-92630 X Change ☐ Addition ☐ Delete TITLE **EVPS** TITLE HOLCOMBE, ROBERT S NAME NAME STREET ADDRESS STREET ADDRESS 26220 ENTERPRISE COURT CITY-ST-ZIP LAKE FOREST, CA 92630 CITY-ST-ZIP TITLE COO ☐ Delete TITLE ☐ Change ■ Addition MASTROVICH, LAWRENCE A NAME NAME 26220 ENTERPRISE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE FOREST, CA 92630 CITY-ST-ZIP □ Change Addition. ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

on direction President and Secretary

FILED

(949)639-2000 Daytime Phone #