

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 # **F97000006943**

1. Corporation Name

**FOUNDATION HEALTH SYSTEMS, INC.**

Principal Place of Business

**225 NORTH MAIN STREET  
PUEBLO CO 81003**

Mailing Address

**225 NORTH MAIN STREET  
LEGAL DEPARTMENT  
PUEBLO CO 81003**

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90060 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/31/1997**

4. FEI Number

**95-4288333**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 21600 Oxnard Street**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 21600 Oxnard Street**  
Suite, Apt. #, etc.

City & State

**23 Woodland Hills, CA 91367**

City & State

**28 Woodland Hills, CA**

Zip Country

**24 25 USA**

Zip Country

**29 91367 30 USA**

9. Name and Address of Current Registered Agent

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

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 **DCOB** ☐ DELETE  
NAME **HASAN, MAKIK M MD CEO**  
STREET ADDRESS **225 NORTH MAIN STREET**  
CITY-ST-ZIP **PUEBLO CO 81003**

TITLE **PCOO** ☐ DELETE  
NAME **GELLERT, JAY M**  
STREET ADDRESS **21600 OXNARD STREET, SUITE 1700**  
CITY-ST-ZIP **WOODLAND HILLS CA 91367**

TITLE **EVMC** ☐ DELETE  
NAME **BERKBIGLER, DALE T MD**  
STREET ADDRESS **225 NORTH MAIN STREET**  
CITY-ST-ZIP **PUEBLO CO 81003**

TITLE **EVP** ☐ DELETE  
NAME **ERWIN, STEVEN P CTO**  
STREET ADDRESS **21600 OXNARD STREET**  
CITY-ST-ZIP **WOODLAND HILLS CA 91367**

TITLE **SVGC** ☐ DELETE  
NAME **WESTEN, B. CURTIS JR.**  
STREET ADDRESS **225 NORTH MAIN STREET**  
CITY-ST-ZIP **PUEBLO CO 81003**

TITLE **D** ☐ DELETE  
NAME **TROUBH, RAYMOND S**  
STREET ADDRESS **10 ROCKEFELLER PLAZA, SUITE 712**  
CITY-ST-ZIP **NEW YORK NY 10020**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **Hasan, Malik M., MD**  
1.3 STREET ADDRESS **317 North Main Street**  
1.4 CITY-ST-ZIP **Pueblo, CO 81003**

2.1 TITLE **P/CEO** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **317 North Main Street**  
3.4 CITY-ST-ZIP **Pueblo, CO 81003**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **21600 Oxnard Street**  
5.4 CITY-ST-ZIP **Woodland Hills, CA 91367**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)