

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006943

1. Entity Name

FOUNDATION HEALTH SYSTEMS, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90101 004 \*\*\*150.00

Principal Place of Business

21600 OXNARD ST  
WOODLAND HILLS CA 91367

Mailing Address

21600 OXNARD ST  
WOODLAND HILLS CA 91367-4976

2. Principal Place of Business

3. Mailing Address

21650 Oxnard Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

25th Floor, Tax Dept

City & State

City & State

Woodland Hills Ca

Zip

Country

Zip

91367

Country

4. FEI Number

95-4288333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back): ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME D  
STREET ADDRESS HASAN, MAKIK M MD CEO  
CITY-ST-ZIP 317 N. MAIN ST  
PUEBLO CO 81003

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME EVMC  
STREET ADDRESS BERKBIGLER, DALE T MD  
CITY-ST-ZIP 317 N. MAIN ST  
PUEBLO CO 81003

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SVGC  
STREET ADDRESS WESTEN, B. CURTIS JR.  
CITY-ST-ZIP 21600 OXNARD ST  
WOODLAND HILLS CA 91367

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lisa Eisen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(818) 676-6702

CR2E034 (9/99)