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 # F98000004511

1. Corporation Name

WESTERN HEALTHCARE FUNDING, INC.

Principal Place of Business	Mailing		
300 ESPLANADE DRIVE. SUITE 1865	300 ESP		
OXNARD CA 93030	OXNARD		

FILED Mar 04, 1999 8:00 am **Secretary of State**

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00 ESPLANADE DRIVE. SUITE 1865 300 ESPLANADE DRIVE. SUITE 1865 OXNARD CA 93030		DO NOT WRITE IN THIS S	PACE		
		3. Date Incorporated or Qualifed			
		· ·			
ipal Place of Business 2a. Mailing Address			I An	plied For	
<u> </u>			, ,	Applicable	
Suite, Apt. #, etc.	•		5. Certificate of Status Desired	\$8.75 A	dditional
City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
1 -1	Countr				
- - -	in i	•			□No
the state of the s	<u></u>	10. Name and Address of New Registered Agent			
<u> </u>	81	Name			
CORPORATION SERVICE COMPANY		Address /P.O. Box Number is Not Assentable)	····		
Suret Address (F.O. Dox Number is Not Acceptable)					
TALLAHASSEE FL 32301-2525 83					
	94	0.5		es Zin (`obo
	84	City	FL	05 Zip C	Joue
of Florida. Such change was auti	horized by	the corpo	corporation submits this statement for the purpose of charation's board of directors. I hereby accept the appointr	anging its nent as rec	registered gistered
nt and title if applicable /NOTE: R	legistered Age	nt signature re	equired when reinstating) DATE		`
	13.	in oignatoro to		DIRECTO	RS IN 12
☐ DELETE	1.1 TITLE			Change	☐ Addition
	1.2 NAME	1.2 NAME			
1865	1.3 STREET ADDRESS				
. 1000					
☐ DELETE	2.1 TITLE			Change	Addition
	2.2 NAME	22 NAME			
1865	2.3 STREE				
	300 ESPLANADE DRIVE. SUI OXNARD CA 93030 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 3 t Registered Agent 3 t Registered Agent 3 4 Temple 4 Temple 5 Temple 5	300 ESPLANADE DRIVE. SUITE 1865 OXNARD CA 93030 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 t Registered Agent 81 82 2 and 607.1508, Florida Statutes, the above of Florida. Such change was authorized by tions of, Section 607.0505, Florida Statutes at and title if applicable. (NOTE: Registered Age D DIRECTORS 13. DELETE 1.1 TITLE 1.2 NAME 1865 DELETE 2.1 TITLE 2.2 NAME	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 t Registered Agent 81 Name 82 Street / 83 84 City 2 and 607.1508, Florida Statutes, the above-named of Florida. Such change was authorized by the corporations of, Saction 607.0505, Florida Statutes. 1 and title if applicable. (NOTE: Registered Agent signature in D DIRECTORS 13. DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 2.1 TITLE 2.2 NAME	Mailing Address 300 ESPLANADE DRIVE, SUITE 1865 OXNARD CA 30000 DO NOT WRITE IN THIS SI 3. Date Incorporated or Qualifed 08/05/1998 4. FEI Number 71-07205.18 Suite, Apl. #, etc. 27 City & State 28 Zip Country 30 Country 8. This corporation owes the current year Intan Personal Property Tax. 10. Name and Address of New Registered Ag 11. Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 2 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of ch of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointr tions of, Section 607.0505, Florida Statutes. 1 and title if applicable. (NOTE: Registered Agent signature required when rematating) DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY. ST-ZIP DELETE 2.1 TITLE 2.2 NAME	300 ESPLANADE DRIVE. SUITE 1865 OXNARD CA 930300 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/05/1998 4. FEI Number 71-0720518 Suite, Apt. #, etc. City & State City & State Country 3. Certificate of Status Desired Fee Re Fee Re City & State Country 3. This corporation owes the current year Intangible Personal Property Tax. Personal Property Tax. Yes 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City Land 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regions of, Section 607.0505, Florida Statutes. 1 and 586 (NOTE: Registered Agent signature required when reinstating) DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Change 1865 13 STREET ADDRESS 14 CITY: ST-ZIP Change Change

OXNARD CA 93030 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition ☐ Change TITLE SVPD 3.1 TITLE PRIVETT, PAMELA J 3.2 NAME NAME 300 ESPLANADE DRIVE, SUITE 1865 3.3 STREET ADDRESS STREET ADDRESS OXNARD CA 93030 34. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Maddition 4.1 TITLE TITLE SVPD 4 2 NAME NAME ISHIKAWA, CHRISTOPHER T 300 ESPLANADE DRIVE, SUITE 1865 4.3 STREET ADDRESS STREET ADDRESS OXNARD CA 93030 4.4 CiTY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 5.1 TITLE AS 5.2 NAME SHAWAF, RAAD K 5.3 STREET ADDRESS 300 ESPLANADE DRIVE, SUITE 1865 STREET ADDRESS 5.4 CITY-ST-ZIP OXNARD CA 93030 CITY-ST-ZIP Change Addition □ DELETE 61 TITLE TITLE 6.2 NAME NAME PACE, NICHOLAS M 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP SANTA MONICA CA 90407-2138 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:

STREET ADORESS

1700 MAIN STREET