

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

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

03-04-1999 90088 043 \*\*\*150.00

DOCUMENT # F98000004511

1. Corporation Name

WESTERN HEALTHCARE FUNDING, INC.

Principal Place of Business

300 ESPLANADE DRIVE, SUITE 1865  
OXNARD CA 93030

Mailing Address

300 ESPLANADE DRIVE, SUITE 1865  
OXNARD CA 93030



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1998

4. FEI Number

71-0720518

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

Suite, Apt. #, etc.

City & State

Zip

Country

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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	CCD	<input type="checkbox"/> DELETE
NAME	DIMITRIADIS, ANDRE C	
STREET ADDRESS	300 ESPLANADE DRIVE, SUITE 1865	
CITY-ST-ZIP	OXNARD CA 93030	
TITLE	PCTD	<input type="checkbox"/> DELETE
NAME	PIECZYNSKI, JAMES J	
STREET ADDRESS	300 ESPLANADE DRIVE, SUITE 1865	
CITY-ST-ZIP	OXNARD CA 93030	
TITLE	SVPD	<input checked="" type="checkbox"/> DELETE
NAME	PRIVETT, PAMELA J	
STREET ADDRESS	300 ESPLANADE DRIVE, SUITE 1865	
CITY-ST-ZIP	OXNARD CA 93030	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	ISHIKAWA, CHRISTOPHER T	
STREET ADDRESS	300 ESPLANADE DRIVE, SUITE 1865	
CITY-ST-ZIP	OXNARD CA 93030	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SHAWAF, RAAD K	
STREET ADDRESS	300 ESPLANADE DRIVE, SUITE 1865	
CITY-ST-ZIP	OXNARD CA 93030	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PACE, NICHOLAS M	
STREET ADDRESS	1700 MAIN STREET	
CITY-ST-ZIP	SANTA MONICA CA 90407-2138	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

2/3/99 (805) 981-8655  
Date Daytime Phone #

CR2E034 (1/98)