

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90124 013 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # K26577		
1. Corporation Name SAFEGUARD HEALTH PLANS, INC.		

Principal Place of Business 8100 NO UNIVERSITY DR FT. LAUDERDALE FL 33321 US	Mailing Address 8100 NO UNIVERSITY DR FT. LAUDERDALE FL 33321 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 06/20/1988	
4. FEI Number 65-0073323	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	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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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

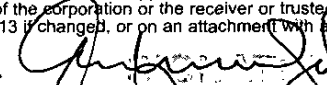
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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	P ☐ DELETE
NAME	BAILEYS, S J
STREET ADDRESS	505 N EUCLID ST
CITY-ST-ZIP	ANAHEIM CA 92801
TITLE	VP ☐ DELETE
NAME	COX, J E
STREET ADDRESS	505 N EUCLID ST
CITY-ST-ZIP	ANAHEIM CA 92801
TITLE	S ☐ DELETE
NAME	BRENDZEL, R I
STREET ADDRESS	505 N EUCLID ST
CITY-ST-ZIP	ANAHEIM CA 92801
TITLE	T ☒ DELETE
NAME	TEKULVE, T C
STREET ADDRESS	505 N EUCLID ST
CITY-ST-ZIP	ANAHEIM CA 92801
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	95 ENTERPRISE
1.4 CITY-ST-ZIP	ALISO VIEJO, CA 92656
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	95 ENTERPRISE
2.4 CITY-ST-ZIP	ALISO VIEJO, CA 92656
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	95 ENTERPRISE
3.4 CITY-ST-ZIP	ALISO VIEJO, CA 92656
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	CFO T
4.3 STREET ADDRESS	RONALD I. BRENDZEL
4.4 CITY-ST-ZIP	95 ENTERPRISE
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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:  RONALD I. BRENDZEL, SECRETARY 4/27/99 425.4110
Date Daytime Phone #