

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K92723

(1)

1. Corporation Name

NORTH RIDGE CARENET, INC.

Principal Place of Business

2700 COLORADO AVE.  
STE. 200  
SANTA MONICA CA 90404  
US

Mailing Address

2700 COLORADO AVE.  
STE. 200  
SANTA MONICA CA 90404-3521  
US

2. Principal Place of Business

21 3820 State Street

Suite, Apt. #, etc.

22

City & State

23 Santa Barbara, CA

Zip

24 93105

Country

25 USA

2a. Mailing Address

26 c/o Mary H. Yumibe

Suite, Apt. #, etc.

27

3820 State Street

City & State

28 Santa Barbara, CA

Zip

29 93105

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

06/05/1989

3a. Date of Last Report

01/29/1996

4. FEI Number

95-4225608

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

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 DSVP ☐ DELETE

NAME BROWN, SCOTT M.  
STREET ADDRESS 2700 COLORADO AVE.  
CITY - ST - ZIP SANTA MONICA CA

TITLE P ☐ DELETE

NAME FOCHT, MICHAEL H.  
STREET ADDRESS 2700 COLORADO AVE.  
CITY - ST - ZIP SANTA MONICA CA

TITLE EVP ☐ DELETE

NAME MACKEY, THOMAS B.  
STREET ADDRESS 2700 COLORADO AVE.  
CITY - ST - ZIP SANTA MONICA CA

TITLE VPT ☐ DELETE

NAME MCMULLEN, TERENCE P.  
STREET ADDRESS 2700 COLORADO AVE.  
CITY - ST - ZIP SANTA MONICA CA

TITLE EVP ☐ DELETE

NAME SMITH W. RANDOLPH  
STREET ADDRESS 14001 DALLAS PARKWAY, STE. 200  
CITY - ST - ZIP DALLAS TX

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 3820 State Street  
1.4 CITY - ST - ZIP Santa Barbara, CA 93105

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 3820 State Street  
2.4 CITY - ST - ZIP Santa Barbara, CA 93105

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 2011 Palomar Airport Rd.  
3.4 CITY - ST - ZIP Carlsbad, CA 92009

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 3820 State Street  
4.4 CITY - ST - ZIP Santa Barbara, CA 93105

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS 700002068117-0  
5.4 CITY - ST - ZIP -01/24/97--01086--013  
\*\*\*\*165.00 \*\*\*\*165.00

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME  
6.3 STREET ADDRESS Asst. Secretary  
6.4 CITY - ST - ZIP Alan Lundgren  
3820 State Street  
Santa Barbara, CA 93105

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Lundgren, Asst. Sec'y

Date

805/563-7075

Daytime Phone #

APPROVED  
AND  
FILED

97 JAN 24 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (9/96)