

**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

**FILED**  
97 APR 29 AM 6:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **M11878**  
1. Corporation Name  
**PHYSICIANS DEVELOPMENT, INC.**

Principal Place of Business: **3820 State Street Santa Barbara, CA 93105**  
Mailing Address: **c/o Mary Yumibe 3820 State Street Santa Barbara, CA 93105**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2/27/85		1996		95-4068998	
City & State		City & State		Applied For		Not Applicable		5. Certificate of Status Desired	
Zip		Zip		Country		Country		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

81	82	83	84	85
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
C T Corporation System 1200 S. Pine Island Road Plantation, FL 33324		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		FL		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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Michael H. Focht, Sr.</b>	1.2 NAME	
STREET ADDRESS	<b>3820 State Street</b>	1.3 STREET ADDRESS	<b>000002158820--7</b>
CITY-ST-ZIP	<b>Santa Barbara, CA 93105</b>	1.4 CITY-ST-ZIP	<b>-04/29/97--01089--007</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVP/CFO</b>	2.2 NAME	
STREET ADDRESS	<b>Trevor Fetter</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>3820 State Street</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SVP/S/D</b>	3.2 NAME	
STREET ADDRESS	<b>Scott M. Brown</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>3820 State Street</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V/T</b>	4.2 NAME	
STREET ADDRESS	<b>Terence P. McMullen</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>3820 State Street</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AS</b>	5.2 NAME	
STREET ADDRESS	<b>Alan Lundgren</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>3820 State Street</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 is based 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: Scott M. Brown **Scott M. Brown, Secretary** 4/24/97 **805/563-7075**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)