

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**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 2/27/85	3a. Date of Last Report 1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 95-4068998	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T Corporation System 1200 S. Pine Island Road Plantation, FL 33324		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: _____ 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	Michael H. Focht, Sr.	1.2 NAME	
STREET ADDRESS	3820 State Street	1.3 STREET ADDRESS	000002158820--7
CITY-ST-ZIP	Santa Barbara, CA 93105	1.4 CITY-ST-ZIP	-04/29/97--01089--007
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trevor Fetter	2.2 NAME	
STREET ADDRESS	3820 State Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Santa Barbara, CA 93105	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVP/S/D	3.2 NAME	
STREET ADDRESS	3820 State Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Santa Barbara, CA 93105	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/T	4.2 NAME	
STREET ADDRESS	3820 State Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Santa Barbara, CA 93105	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS	5.2 NAME	
STREET ADDRESS	3820 State Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	Santa Barbara, CA 93105	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)