

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # M11878 (9)
1. Corporation Name
PHYSICIANS DEVELOPMENT, INC.

FILED

98 MAR -4 PM 12:46

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3820 STATE STREET
C/O YUMIBE
SANTA BARBARA CA 93105
US**

Mailing Address
**2700 COLORADO AVE.
SUITE 200
SANTA MONICA CA 75240
US**

3. Date Incorporated or Qualified
02/27/1985

4. FEI Number
94-4068998

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Country

26 2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH 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

85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **SVSD BROWN, SCOTT M.**

STREET ADDRESS **3820 STATE STREET**

CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE DELETE

NAME **P FOCHT, MICHAEL H.**

STREET ADDRESS **3820 STATE STREET**

CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE DELETE

NAME **AS LUNDGREN, ALAN**

STREET ADDRESS **3820 STATE STREET**

CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE DELETE

NAME **VT MCMULLEN, TERENCE P.**

STREET ADDRESS **3820 STATE STREET**

CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE DELETE

NAME **SVSD FETTER, TREVOR**

STREET ADDRESS **3820 STATE STREET**

CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

000002448680--5

-03/05/98--01114--024

******150.00 ****150.00**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ad 3/5

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.

SIGNATURE _____ DATE **3/26/98**

CR2E034 (10/97)