

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 APR 28 11:12:19
 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
**Attn: Mary Yumibe
 3820 State Street
 Santa Barbara, CA 93105**

2. Principal Place of Business
 21 **3820 State**
 Suite Apt #, etc.

2a Mailing Address
 26 **c/o Mary H. Yumibe**
 Suite Apt #, etc.

22 **Santa Barbara, CA**
 City & State

27 **3820 State Street**
 City & State

23 **93105** **USA**
 Zip Country

28 **Santa Barbara, CA**
 City & State

29 **93105** **USA**
 Zip Country

9. Name and Address of Current Registered Agent

**C T Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324 USA**

81 Name
 82 Street Address (P.O. Box Numbers 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

12. OFFICERS AND DIRECTORS

| | | |
|----------------------|--------------------------------|------------|
| 12.1 TITLE | P | [] DELETE |
| 12.2 NAME | Michael H. Focht, Sr. | |
| 12.3 STREET ADDRESS | 3820 State Street | |
| 12.4 CITY-STATE-ZIP | Santa Barbara, CA 93105 | |
| 12.5 TITLE | DVS | [] DELETE |
| 12.6 NAME | Richard B. Silver | |
| 12.7 STREET ADDRESS | 3820 State Street | |
| 12.8 CITY-STATE-ZIP | Santa Barbara, CA 93105 | |
| 12.9 TITLE | VT | [] DELETE |
| 12.10 NAME | Terence P. McMullen | |
| 12.11 STREET ADDRESS | 3820 State Street | |
| 12.12 CITY-STATE-ZIP | Santa Barbara, CA 93105 | |
| 12.13 TITLE | AS | [] DELETE |
| 12.14 NAME | Caitlin M. Larsen | |
| 12.15 STREET ADDRESS | 3820 state Street | |
| 12.16 CITY-STATE-ZIP | Santa Barbara, CA 93105 | |
| 12.17 TITLE | | [] DELETE |
| 12.18 NAME | | |
| 12.19 STREET ADDRESS | | |
| 12.20 CITY-STATE-ZIP | | |
| 12.21 TITLE | | [] DELETE |
| 12.22 NAME | | |
| 12.23 STREET ADDRESS | | |
| 12.24 CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------------|--------------------|
| 13.1 TITLE | [] Change [] Add |
| 13.2 NAME | |
| 13.3 STREET ADDRESS | |
| 13.4 CITY-STATE-ZIP | |
| 13.5 TITLE | [] Change [] Add |
| 13.6 NAME | |
| 13.7 STREET ADDRESS | |
| 13.8 CITY-STATE-ZIP | |
| 13.9 TITLE | [] Change [] Add |
| 13.10 NAME | |
| 13.11 STREET ADDRESS | |
| 13.12 CITY-STATE-ZIP | |
| 13.13 TITLE | [] Change [] Add |
| 13.14 NAME | |
| 13.15 STREET ADDRESS | |
| 13.16 CITY-STATE-ZIP | |

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 empowerments.

SIGNATURE: *Caitlin M. Larsen* **Caitlin M. Larsen, Asst. Sec. 4/22/99 805/563-7075**

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