

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90276 020 ***150.00

DOCUMENT # **P02924**

1. Entity Name

CURACARE INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1065 PacificCenter Dr.,

Suite, Apt. #, etc.
200

City & State

Anaheim, CA

Zip

92806

Country

USA

3. Mailing Address

1065 PacificCenter Dr.,

Suite, Apt. #, etc.
200

City & State

Anaheim, CA

Zip

92806

Country

USA

4. FEI Number

77-0048349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Rd.

City

Plantation

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEE ATTACHED LIST	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Michelle Horn / Michelle Horn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 (714) 688-7100

Date

Daytime Phone

CR2E034B (12/01)

CuraCare, Inc.
1065 PacificCenter Drive, Suite 200
Anaheim, CA 92806

Attachment

FEI # 77-0048349
656831

OFFICERS' LIST

<u>Officer</u>	<u>Address</u>	<u>Telephone</u>	<u>Appt. Date</u>
Richard N. Zehner Director, Chairman & CEO	1065 PacificCenter Dr., Suite 200 Anaheim, CA 92806	(714) 688-7100	11/13/98
Jamie E. Hopping Director, President & COO	1065 PacificCenter Dr., Suite 200 Anaheim, Ca 92806	(714) 688-7100	01/01/01
Kenneth S. Ord Director, Executive Vice President & CFO	1065 PacificCenter Dr., Suite 200 Anaheim, CA 92806	(714) 688-7100	11/13/98
Russell D. Phillips, Jr. General Counsel & Secretary	1065 PacificCenter Dr., Suite 200 Anaheim, CA 92806	(714) 688-7100	11/13/98
Michelle M. Horn Director of Treasury Operations & Assistant Secretary	1065 PacificCenter Dr., Suite 200 Anaheim, CA 92806	(714) 688-7100	11/13/98