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Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P06453 (5)

1. Corporation Name
PCS HEALTH SYSTEMS, INC.

Principal Place of Business

9501 E SHEA BLVD
SCOTTSDALE AZ 85260
US

Mailing Address

9501 E SHEA BLVD
ONE POST STREET, 28TH FLOOR
SCOTTSDALE AZ 85260-6719
US



2. Principal Place of Business

21 SAME AS ABOVE

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 SAME AS ABOVE

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/17/1985

3a. Date of Last Report

06/27/1996

4. FEI Number

86-0217882

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N MAGNOLIA ST
SUITE 105
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DANIELS, MITCHELL E.
STREET ADDRESS LILLY CORPORATE CENTER
CITY-ST-ZIP INDIANAPOLIS IN

☐ DELETE

TITLE T
NAME GARRITY, THOMAS J.
STREET ADDRESS 9501 E SHEA BLVD
CITY-ST-ZIP SCOTTSDALE AZ

☐ DELETE

TITLE P
NAME GERINGER, STEVE I
STREET ADDRESS 9501 E SHEA BLVD
CITY-ST-ZIP SCOTTSDALE AZ

☒ DELETE

TITLE S
NAME BANTA, PAUL F
STREET ADDRESS 9501 E SHEA BLVD
CITY-ST-ZIP SCOTTSDALE AZ

☐ DELETE

TITLE D
NAME TAUREL, SIDNEY
STREET ADDRESS LILLY CORPORATE CENTER
CITY-ST-ZIP INDIANAPOLIS IN

☐ DELETE

TITLE D
NAME DAVID E. MCDOWELL
STREET ADDRESS ONE POST ST
CITY-ST-ZIP SAN FRANCISCO CA

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE P&D
3.2 NAME JEAN-PIERRE MILLON
3.3 STREET ADDRESS 9501 E. SHEA BOULEVARD
3.4 CITY-ST-ZIP SCOTTSDALE, AZ 85260

☐ Change

☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 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 or on an attachment with an address.

SIGNATURE:

PAUL F BANTA

3.21.97

602.391.4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)