

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P07531

(7)

1. Corporation Name

PRIVATE MEDICAL-CARE, INC.



Principal Place of Business

12898 TOWNE CTR DR
CERRITOS CA 90701
US

Mailing Address

12898 TOWNE CTR DR
CERRITOS CA 90701
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
09/24/1985

3a. Date of Last Report
05/01/1995

4. FEI Number
95-2641865

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

CT CORPORATION SYSTEM
8751 W. BROWARD BLVD.
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 617.0502 and 617.1508, 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 617.0503, 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	ELLIOTT, ROBERT B.	12898 TOWNE CTR DR CERRITOS CA
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VD	CONKLING, DONALD B.	100 FIRST STREET SAN FRANCISCO CA
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	S	RAFTER, SHARON L.	100 FIRST STREET SAN FRANCISCO CA
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	JAEGER, JOSEPH C.	100 FIRST STREET SAN FRANCISCO CA
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	FIELD, JOHN F., D.D.S.	100 FIRST STREET SAN FRANCISCO CA
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	WARD, WILLIAM T.	100 FIRST STREET SAN FRANCISCO CA
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13.

1.1 TITLE	P
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	T
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D
5.2 NAME	Ronald Steven Bull, D.D.S.
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Burton Elliott, President

(310) 9248311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)