

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
May 20 1997 8:00am  
Secretary of State

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 90701-4546  
US3. Date Incorporated or Qualified  
09/24/19853a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number  
95-2641865Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
8751 W. BROWARD BLVD.  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETENAME ELLIOTT, ROBERT B.  
STREET ADDRESS 12898 TOWNE CTR DR  
CITY-ST-ZIP CERRITOS CATITLE VD ☐ DELETENAME CONKLING, DONALD B.  
STREET ADDRESS 100 FIRST STREET  
CITY-ST-ZIP SAN FRANCISCO CATITLE S ☐ DELETENAME RAFTER, SHARON L.  
STREET ADDRESS 100 FIRST STREET  
CITY-ST-ZIP SAN FRANCISCO CATITLE T ☐ DELETENAME JAEGER, JOSEPH C.  
STREET ADDRESS 100 FIRST STREET  
CITY-ST-ZIP SAN FRANCISCO CATITLE D ☐ DELETENAME RONALD STEVEN BULL, DDS  
STREET ADDRESS 100 FIRST STREET  
CITY-ST-ZIP SAN FRANCISCO CATITLE D ☐ DELETENAME WARD, WILLIAM T.  
STREET ADDRESS 100 FIRST STREET  
CITY-ST-ZIP SAN FRANCISCO CA1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE C ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director  
Robert B. Elliott, President

(562)924.8311

CR2E037 (9/96)