SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $238.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Aug 06 1999 8:00am
Secretary of State

DOCUMENT # P07531

1. Corporation Name
PRIVATE MEDICAL-CARE, INC.

Principal Place of Business	Mailing Address
12898 TOWNE CENTER DR. ATTN: JILL ALLAGOOD,CONTROLLER CERRITOS CA 90703 US	12898 TOWNE CENTER DR. ATTN: JILL ALLAGOOD,CONTROLLER CERRITOS CA 90703 US

8/06/99 90009 034 61.25

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualified: 09/24/1985

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ELLIOTT, ROBERT B.		1.2 NAME		
STREET ADDRESS	12898 TOWNE CTR DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CERRITOS CA		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BARTH, ANTHONY S.		2.2 NAME		
STREET ADDRESS	12898 TOWNE VENTER DR		2.3 STREET ADDRESS	12898 TOWNE CENTER DRIVE	
CITY-ST-ZIP	CERRITOS CA		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RAFTER, SHARON L		3.2 NAME		
STREET ADDRESS	100 FIRST STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, ELIZABETH M.		4.2 NAME		
STREET ADDRESS	100 FIRST STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RONALD STEVEN BULL , DDS		5.2 NAME		
STREET ADDRESS	100 FIRST STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		5.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WARD, WILLIAM T.		6.2 NAME		
STREET ADDRESS	100 FIRST STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: [illegible] REQUIRED 8/2/99 (562) 467-7795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)