

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07531

1. Entity Name

PRIVATE MEDICAL-CARE, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90272 022 \*\*\*\*61.25

Principal Place of Business TOWNE CENTER DR. JAMES CARNEY CERRITOS CA 90703	Mailing Address 12898 TOWNE CENTER DR ATTN: JAMES CARNEY CERRITOS CA 90703-8546 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 95-2641865		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ELLIOTT, ROBERT B. 12898 TOWNE CTR DR CERRITOS CA			
V BARTH, ANTHONY S. 12898 TOWNE CENTER DR CERRITOS CA	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
S RAFTER, SHARON L. 100 FIRST STREET SAN FRANCISCO CA	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D RUSSELL, ELIZABETH M. 100 FIRST STREET SAN FRANCISCO CA	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D RONALD STEVEN BULL, DDS 100 FIRST STREET SAN FRANCISCO CA	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
C WARD, WILLIAM T. 100 FIRST STREET SAN FRANCISCO CA	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>ANTHONY S. BARTH</i>	4-28-00 (562) 467-7795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E037 (9/99)