## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P07531** Entity Name PRIVATE MEDICAL-CARE, INC. Principal Place of Business Mailing Address 12898 TOWNE CENTER OR ---- TOWNE CENTER DR. ATTN: JAMES CARNEY LAMES CARNEY **CERRITOS CA 90703-8546** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 95-2641865 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION FL 33324 City 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. SIN 18/00/2017 TO SIGNATURE MALE MALE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **FEE IS \$61,25** Added to Fees OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE TITLE ELLIOTT, ROBERT B. NAME STREET ADDRESS STREET ADDRESS 12898 TOWNE CTR DR CITY-ST-ZIP CITY-ST-ZIP CERRITOS CA

☐ Delete

☐ Delete

Delete

□ Delete

☐ Delete

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

TITI F

NAME STREET ADDRESS

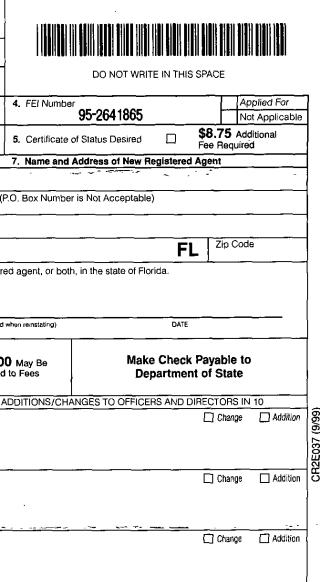
TITLE

NAME

CITY-ST-7IP

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

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



CITY-ST-ZIP CITY-ST-ZIP ISAN FRANCISCO CA 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.

STREET ADDRESS

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITI F NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

Barth, anthony S.

rafter, sharon L.

SAN FRANCISCO CA

|russell, elizabeth m.

RONALD STEVEN BULL , DDS

100 FIRST STREET

100 FIRST STREET

100 FIRST STREET

ward, William T.

100 FIRST STREET

<u>san francisco</u>ca

SAN FRANCISCO\_CA

CERRITOS CA

12898 TOWNE CENTER DR

4-28-00 (562)467-7795

☐ Change

Change

☐ Change

☐ Addition

☐ Addition

Addition