

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P07531**

1. Entity Name

PRIVATE MEDICAL-CARE, INC.

Principal Place of Business

12898 TOWNE CENTER DR.
ATTN: JAMES CARNEY
CERRITOS CA 90703
US

Mailing Address

12898 TOWNE CENTER DR.
ATTN: JAMES CARNEY
CERRITOS CA 90703
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-2641865

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$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

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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIOTT, ROBERT B.	
STREET ADDRESS	12898 TOWNE CTR DR	
CITY- ST- ZIP	CERRITOS CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARTH, ANTHONY S.	
STREET ADDRESS	12898 TOWNE CENTER DR	
CITY- ST- ZIP	CERRITOS CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAFTER, SHARON L.	
STREET ADDRESS	100 FIRST STREET	
CITY- ST- ZIP	SAN FRANCISCO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, ELIZABETH M.	
STREET ADDRESS	100 FIRST STREET	
CITY- ST- ZIP	SAN FRANCISCO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	RONALD STEVEN BULL, DDS	
STREET ADDRESS	100 FIRST STREET	
CITY- ST- ZIP	SAN FRANCISCO CA	
TITLE	C	<input type="checkbox"/> Delete
NAME	WARD, WILLIAM T.	
STREET ADDRESS	100 FIRST STREET	
CITY- ST- ZIP	SAN FRANCISCO CA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 (562) 467-7795

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)