

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91607 017 \*\*\*\*70.00

**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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman</b> <b>Gary D. Radine</b> <b>100 First Street</b> <b>San Francisco, CA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Belinda Martinez</b> <b>12898 Towne Center Drive</b> <b>Cerritos, CA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Treasurer</b> <b>Philip J. Runnoe</b> <b>12898 Towne Center Drive</b> <b>Cerritos, CA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Chairman</b> <b>Jerry R. Holcombe</b> <b>100 First Street</b> <b>San Francisco, CA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Marilyn G. Belek, DMD</b> <b>100 First Street</b> <b>San Francisco, CA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Frederick G. Mylius</b> <b>100 First Street</b> <b>San Francisco, CA</b>	<input type="checkbox"/> Change <input checked="" 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:** *Philip J. Runnoe* **PHILIP J. RUNNOE**, Assistant Treasurer **4-30-02 (562) 467-7795**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)