


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P07531 1. Entity Name PRIVATE MEDICAL-CARE, INC.	
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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
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DO NOT WRITE IN THIS SPACE



04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 95-2641865	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000132531 04/27/04-80051-009 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIOTT, ROBERT B. 12898 TOWNE CTR DR CERRITOS, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT RUNNOE, PHILIP J 12898 TOWNE CENTER DR CERRITOS, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RAFTER, SHARON L. 100 FIRST STREET SAN FRANCISCO, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSELL, ELIZABETH M. 100 FIRST STREET SAN FRANCISCO, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C RADINE, GARY D 100 FIRST STREET SAN FRANCISCO, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC HOLCOMBE, JERRY R 100 FIRST STREET SAN FRANCISCO, CA

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4-12-04** **(562) 467-6640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #