

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Meyhan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P21552 (5)**
1. Corporation Name
HOSPITAL CORRESPONDENCE CORPORATION.



Principal Place of Business: **226 AIRPORT PARKWAY SUITE 200 SAN JOSE CA 95110**
Mailing Address: **841 APOLLO STREET ELSEGUNDO CA 90245 US**

3. Date Incorporated or Qualified: **10/28/1988**
3a. Date of Last Report: **06/14/1995**
4. FEI Number: **77-0080021** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
8751 WEST BROWARD BOULEVARD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.04(1) and 607.04(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.04(5), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HALLMAN, SCOTT	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLMAN, SCOTT	2. NAME	P MIRANDA, DAN
STREET ADDRESS	226 AIRPORT PKWY #200	13. STREET ADDRESS	226 AIRPORT PKWY #200
CITY-STATE-ZIP	SAN JOSE CA	14. CITY-STATE-ZIP	SAN JOSE, CA 95110
TITLE	V MCCAWLEY, CRAIG	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAWLEY, CRAIG	23. NAME	CHHINA, IVAR
STREET ADDRESS	226 AIRPORT PKWY #200	23. STREET ADDRESS	226 AIRPORT PKWY #200
CITY-STATE-ZIP	SAN JOSE CA	24. CITY-STATE-ZIP	SAN JOSE CA 95110
TITLE	S BACHMANN, JEFFREY C	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHMANN, JEFFREY C	32. NAME	
STREET ADDRESS	841 APOLLO STREET	33. STREET ADDRESS	
CITY-STATE-ZIP	EL SEGUNDO CA	34. CITY-STATE-ZIP	
TITLE	AS RUSHEEN, GRISEL	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSHEEN, GRISEL	42. NAME	
STREET ADDRESS	6011 NO POINTE PL	43. STREET ADDRESS	
CITY-STATE-ZIP	WOODLAND HILLS CA	44. CITY-STATE-ZIP	
TITLE	D MEHTA, NITIN T	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHTA, NITIN T	52. NAME	
STREET ADDRESS	58 GREEN OAKS DRIVE	53. STREET ADDRESS	
CITY-STATE-ZIP	ATHERTON CA	54. CITY-STATE-ZIP	
TITLE	D FINZI, ROBERT	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINZI, ROBERT	62. NAME	
STREET ADDRESS	75 TUM SUDEN WAY	63. STREET ADDRESS	
CITY-STATE-ZIP	WOODSIDE CA	64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.071(6)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 registrar or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an affidavit.

SIGNATURE: *Grisel Rusheen* **GRISEL RUSHEEN** 3/27/96 (310)726-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)