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Mar 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
EL SEGUNDO CA 90245-4702  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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3. Date Incorporated or Qualified

10/28/1988

3a. Date of Last Report

04/03/1996

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
8751 WEST BROWARD BOULEVARD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME MIRANDA, DAN  
STREET ADDRESS 226 AIRPORT PKWY 200  
CITY-ST-ZIP SANJOSE DA

TITLE V ☐ DELETE  
NAME CHHINA, IVAR  
STREET ADDRESS 226 AIRPORT PKWY 200  
CITY-ST-ZIP SANJOSE CA

TITLE S ☐ DELETE  
NAME BACHMANN, JEFFREY C  
STREET ADDRESS 841 APOLLO STREET  
CITY-ST-ZIP EL SEGUNDO CA

TITLE AS ☐ DELETE  
NAME RUSHEEN, GRISEL  
STREET ADDRESS 6011 NO POINTE PL  
CITY-ST-ZIP WOODLAND HILLS CA

TITLE D ☐ DELETE  
NAME MEHTA, NITIN T  
STREET ADDRESS 58 GREEN OAKS DRIVE  
CITY-ST-ZIP ATHERTON CA

TITLE D ☐ DELETE  
NAME FINZI, ROBERT  
STREET ADDRESS 75 TUM SUDEN WAY  
CITY-ST-ZIP WOODSIDE CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 receiver 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 address.

SIGNATURE: *Grisel Rusheen* GRISEL RUSHEEN

2/25/97

(310) 726-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)