

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**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      Mailing Address  
**226 AIRPORT PARKWAY**      **841 APOLLO STREET**  
**SUITE 200**      **ELSEGUNDO CA 90245-4702**  
**SAN JOSE CA 95110**      **US**

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

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>MIRANDA, DAN</b>
STREET ADDRESS	<b>226 AIRPORT PKWY 200</b>
CITY-ST-ZIP	<b>SANJOSE DA</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>CHHINA, IVAR</b>
STREET ADDRESS	<b>226 AIRPORT PKWY 200</b>
CITY-ST-ZIP	<b>SANJOSE CA</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>BACHMANN, JEFFREY C</b>
STREET ADDRESS	<b>841 APOLLO STREET</b>
CITY-ST-ZIP	<b>EL SEGUNDO CA</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE
NAME	<b>RUSHEEN, GRISEL</b>
STREET ADDRESS	<b>6011 NO POINTE PL</b>
CITY-ST-ZIP	<b>WOODLAND HILLS CA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MEHTA, NITIN T</b>
STREET ADDRESS	<b>58 GREEN OAKS DRIVE</b>
CITY-ST-ZIP	<b>ATHERTON CA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FINZI, ROBERT</b>
STREET ADDRESS	<b>75 TUM SUDEN WAY</b>
CITY-ST-ZIP	<b>WOODSIDE CA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)