

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

FILED

**Feb 16 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1988	
21. Suite, Apt. #, etc	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 77-0080021	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85. Zip Code FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	MIRANDA, DAN	1.2 NAME	NITIN MEHTA
STREET ADDRESS	226 AIRPORT PKWY 200	1.3 STREET ADDRESS	226 AIRPORT PKWY #200
CITY-ST-ZIP	SANJOSE DA	1.4 CITY-ST-ZIP	SAN JOSE, CA 95110
TITLE	V	2.1 TITLE	
NAME	CHHINA, IVAR	2.2 NAME	
STREET ADDRESS	226 AIRPORT PKWY 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANJOSE CA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S
NAME	BACHMANN, JEFFREY C	3.2 NAME	IVAR CHHINA
STREET ADDRESS	841 APOLLO STREET	3.3 STREET ADDRESS	226 AIRPORT PKWY #200
CITY-ST-ZIP	EL SEGUNDO CA	3.4 CITY-ST-ZIP	SAN JOSE, CA 95110
TITLE	AS	4.1 TITLE	
NAME	RUSHEEN, GRISEL	4.2 NAME	
STREET ADDRESS	8011 NO POINTE PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MEHTA, NITIN T	5.2 NAME	
STREET ADDRESS	58 GREEN OAKS DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATHERTON CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	FINZI, ROBERT	6.2 NAME	
STREET ADDRESS	75 TUM SUDEN WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	WOODSIDE CA	6.4 CITY-ST-ZIP	

14. 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 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** 2/15/98 (310) 726-0000

CR2E034 (10/97)