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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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/28/1988

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE AS
NAME RUSHEEN, GRISEL
STREET ADDRESS 8011 NO POINTE PL
CITY-ST-ZIP WOODLAND HILLS CA ☐ DELETE

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME NITIN MEHTA
1.3 STREET ADDRESS 226 AIRPORT PKWY #200
1.4 CITY-ST-ZIP SAN JOSE, CA 95110 ☒ Change ☐ Addition

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

3.1 TITLE S
3.2 NAME IVAR CHHINA
3.3 STREET ADDRESS 226 AIRPORT PKWY #200
3.4 CITY-ST-ZIP SAN JOSE, CA 95110 ☒ Change ☐ Addition

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

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

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

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 2/5/98 (310) 726-0000

CR2E034 (10/97)