FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
95 MAY -1 AM 10: 25
SEC. OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
FIRST HEALTHCARE CORPORATION

DOCUMENT #
P25722 (0)

Mailing Address
1148 BROADWAY PLAZA
CALLER SERVICE 2264
TACOMA WA 98402
US

Principal Place of Business
1148 BROADWAY PLAZA
CALLER SERVICE 2264
TACOMA WA 98402
US

If above addresses are incorrect in any way line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21

2a. Principal Place of Business
26

Suite, Apt. # etc
22

Suite, Apt. # etc.
27

City & State
23

City & State
28

Zip | Country
24 | 25

Zip | Country
29 | 30

3. Date Incorporated or Qualified
08/23/1989

3a. Date of Last Report
05/01/1994

4. FEI Number
04-2432780

Applied For
Not Applicable

5. Certificate of Status Desired
$8.75 Amount Due Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐
$5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Accepting Appointment NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D	11 TITLE	
12 NAME	MARKER, CHRIS	12 NAME	
13 STREET ADDRESS	1148 BROADWAY PLAZA	13 STREET ADDRESS	
14 CITY-ST-ZIP	TACOMA WA	14 CITY-ST-ZIP	
21 TITLE	V/D	21 TITLE	700001485097
22 NAME	PACQUER, ROBERT F.	22 NAME	-05/12/95--01015--020
23 STREET ADDRESS	1148 BROADWAY PLAZA	23 STREET ADDRESS	****200.00 ****200.00
24 CITY-ST-ZIP	TACOMA WA	24 CITY-ST-ZIP	
31 TITLE	V	31 TITLE	
32 NAME	VINSON JOHN	32 NAME	
33 STREET ADDRESS	1148 BROADWAY PLAZA	33 STREET ADDRESS	
34 CITY-ST-ZIP	TACOMA WA	34 CITY-ST-ZIP	
41 TITLE	V	41 TITLE	
42 NAME	PEISER, WILLIAM	42 NAME	
43 STREET ADDRESS	1148 BROADWAY PLAZA	43 STREET ADDRESS	
44 CITY-ST-ZIP	TACOMA WA	44 CITY-ST-ZIP	
51 TITLE	V	51 TITLE	
52 NAME	WEITZ MICHAEL	52 NAME	
53 STREET ADDRESS	1148 BROADWAY PLAZA	53 STREET ADDRESS	
54 CITY-ST-ZIP	TACOMA WA	54 CITY-ST-ZIP	
61 TITLE	V	61 TITLE	
62 NAME	SCHNEIDER ROBERT K	62 NAME	
63 STREET ADDRESS	1148 BROADWAY PLAZA	63 STREET ADDRESS	
64 CITY-ST-ZIP	TACOMA WA	64 CITY-ST-ZIP	

CH

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 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: William Peiser Jr. Vice President, Taxation 5/1/95 (206)572-4901
SIGNATURE AND TITLE OF CHIEF OFFICER OR DIRECTOR Date Daytime Phone #