FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 25 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 # **P25868** **(1)**

1. Corporation Name
CAPP CARE, INC.

Principal Place of Business	Mailing Address
4000 MACARTHUR BLVD SUITE 10000 WEST TOWER NEWPORT BEACH CA 92660-2526	4000 MACARTHUR BLVD SUITE 10000 WEST TOWER NEWPORT BEACH CA 92660-2516

3. Date Incorporated or Qualified: **08/29/1989**
3a. Date of Last Report: **03/15/1996**

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

4. FEI Number: **95-3778850** ☐ 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

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, 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 of new registered agent, if appointed, and printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ZALTA, EDWARD		1.2 NAME	
STREET ADDRESS	WEST TOWER, 4000 MACARTHUR BLVD., #10000		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HENRY, MICHAEL E.		2.2 NAME	
STREET ADDRESS	WEST TOWER, 4000 MACARTHUR BLVD., #10000		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT RICHEY CA		2.4 CITY-ST-ZIP	
TITLE	CFO	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HAMBLIN, GREG		3.2 NAME	
STREET ADDRESS	WEST TOWER, 4000 MACARTHUR BLVD., #10000		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH FL		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HOLTZMAN, ROBERTA S.		4.2 NAME	
STREET ADDRESS	WEST TOWER, 4000 MACARTHUR BLVD., #10000		4.3 STREET ADDRESS	
CITY-ST-ZIP	FOUNTAIN VALLEY CA		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FIEDLER, CHARLES S.		5.2 NAME	
STREET ADDRESS	3625 DEL AMO BLVD., #360		5.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] (Title)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0502072

CAPP CARE, INC.

OFFICERS

AS OF 12/31/97

EDWARD ZALTA	CHAIRMAN OF THE BOARD
MICHAEL E. HENRY	PRESIDENT AND CHIEF EXECUTIVE OFFICER
NOURI A. ZALTA	EXECUTIVE V.P. PRESIDENT AND CHIEF OPERATING OFFICER
CHARLES S. FIEDLER	GENERAL COUNSEL AND SECRETARY
GREGORY L. HAMBLIN	CHIEF FINANCIAL OFFICER
ROBERTA S. HOLTZMAN	SENIOR V.P. OPERATIONS / HEALTHCARE MANAGEMENT
FRANKLIN B. STEVENS	SENIOR V.P. PPO / PROVIDER AFFAIRS
KAREN LINDEN	V.P. INFORMATION TECHNOLOGY
RICK HARDEMAN	V.P. CUSTOMER SERVICE