FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37886 (9)

1. Corporation Name
CORVEL HEALTHCARE CORPORATION

Principal Place of Business	Mailing Address
2121 S.W. BROADWAY, #333 PORTLAND OR 97201	2121 S.W. BROADWAY, #333 PORTLAND OR 97201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/13/1992
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business	2a. Mailing Address
21 1920 Main St.	26 1920 Main St.
22 Suite, Apt. #, etc. #1090	27 Suite, Apt. #, etc. #1090
23 City & State Irvine, CA	28 City & State Irvine, CA
24 Zip 92714 / 25 Country USA	29 Zip 92714 / 30 Country USA

4. FEI Number: 95-3382819 ☐ 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 XX No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALTERS, MARY 3504 LAKE LYNDA DRIVE, #110 ORLANDO FL 32817	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	CLEMONS, V. GORDON	1.2 NAME	
STREET ADDRESS	1920 MAIN STREET, #1080	1.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	LIEWER, LARRY	2.2 NAME	
STREET ADDRESS	2121 S.W. BROADWY, #333	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR	2.4 CITY-ST-ZIP	
TITLE	TAS	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHWEPPE, RICHARD J.	3.2 NAME	
STREET ADDRESS	1920 MAIN STREET, #1000	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, DANIEL H.	4.2 NAME	
STREET ADDRESS	1210 NORTHBROOK, #410	4.3 STREET ADDRESS	
CITY-ST-ZIP	TREVOSE PA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HAMLIN, BENNIE S.	5.2 NAME	
STREET ADDRESS	1720 S. BELLAIRE, #1010	5.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	SILVERMAN, LOUIS E
CITY-ST-ZIP		6.4 CITY-ST-ZIP	10 FERRY WHARF ST., NEWBURYPORT, MA 01950

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 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 addition.

SIGNATURE: Richard Schweppe RICHARD J. SCHWEPPE 1/10/95 (714) 051-1473
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER ON DIRECTOR — Date — Daytime Phone #

0402008 FP