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FILED

Jan 30 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 # P37886 (9)

1. Corporation Name  
CORVEL HEALTHCARE CORPORATION

Principal Place of Business

1920 MAIN ST.  
1090  
IRVINE CA 92714  
US

Mailing Address

1920 MAIN ST.  
1090  
IRVINE CA 92614-7212  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 92614

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/13/1992

3a. Date of Last Report

04/26/1996

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

☐

No

9. Name and Address of Current Registered Agent

WALTERS, MARY  
3504 LAKE LYNDY DRIVE, #110  
ORLANDO FL 32817

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME CLEMONS, V. GORDON  
STREET ADDRESS 1920 MAIN STREET, #1080  
CITY-ST-ZIP IRVINE CA

TITLE S ☐ DELETE

NAME LEJEW, LARRY  
STREET ADDRESS 1300 S.W. 5TH ST #2500  
CITY-ST-ZIP PORTLAND OR

TITLE TAS ☐ DELETE

NAME SCHWEPPE, RICHARD J.  
STREET ADDRESS 1920 MAIN STREET, #1000  
CITY-ST-ZIP IRVINE CA

TITLE D ☐ DELETE

NAME DAVIS, DANIEL H.  
STREET ADDRESS 1210 NORTHBROOK, #410  
CITY-ST-ZIP TREVISO PA

TITLE D ☐ DELETE

NAME SILVERMAN, LOUIS E.  
STREET ADDRESS 1920 MAIN ST #1090  
CITY-ST-ZIP IRVINE CA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1920 Main St., Suite 1090  
92614

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1920 Main St., Suite 1090  
92614

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

92614

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

( 31963

CR2E034 (9/96)