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FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90037 007 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37886

1. Corporation Name
CORVEL HEALTHCARE CORPORATION

Principal Place of Business

**2010 MAIN STREET
#1020
IRVINE CA 92614
US**

Mailing Address

**2010 MAIN STREET
SUITE 1090
IRVINE CA 92614-0000**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1992

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PCD
CLEMONS, V. GORDON
1920 MAIN ST STE 1090
IRVINE CA**

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2010 MAIN ST, #1020

☒ Change ☐ Addition

92614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
LIEWER, LARRY
1300 S.W. 5TH ST #2500
PORTLAND OR**

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TAS
SCHWEPPE, RICHARD J.
1920 MAIN ST STE 1090
IRVINE CA**

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

2010 Main St, #1020

☒ Change ☐ Addition

92614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
DAVIS, DANIEL H.
1210 NORTHBROOK, #410
TREVISO PA**

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
SILVERMAN, LOUIS E.
1920 MAIN ST #1090
IRVINE CA**

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

2010 MAIN ST, #1020

☒ Change ☐ Addition

92614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
SILVERMAN, LOUIS E.
1920 MAIN ST #1090
IRVINE CA**

☐ DELETE

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 (949) 851-1473

Date

Daytime Phone #

CR2E034 (1/98)