

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37886

FILED
Feb 12, 2008
Secretary of State

Entity Name: CORVEL HEALTHCARE CORPORATION

Current Principal Place of Business:

2010 MAIN STREET
#600
IRVINE, CA 92614 US

New Principal Place of Business:

Current Mailing Address:

2010 MAIN STREET
#600
IRVINE, CA 92614

New Mailing Address:

FEI Number: 95-3382819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: CLEMONS, V. GORDON,
Address: 2010 MAIN ST, #600
City-St-Zip: IRVINE, CA 926147

Title: T () Delete
Name: SCHWEPPE, RICHARD J.,
Address: 2010 MAIN ST, #600
City-St-Zip: IRVINE, CA 92614

Title: VP () Delete
Name: MCFARLANE, DON
Address: 601 SW 2ND AVE, #1400
City-St-Zip: PORTLAND, OR 97204

Title: PD () Delete
Name: STARCK, DANIEL
Address: 2010 MAIN ST, #600
City-St-Zip: IRVINE, CA 92614

Title: S () Delete
Name: MCCLOUD, SCOTT
Address: 601 SW SECOND ST, #1400
City-St-Zip: PORTLAND, OR 97204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLEMONS, V. GORDON,
Address: 2010 MAIN ST, #600
City-St-Zip: IRVINE, CA 92614

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MCFARLANE, DON
Address: 601 SW 2ND AVE, #1400
City-St-Zip: PORTLAND, OR 97204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: MCCLOUD, SCOTT
Address: 601 SW SECOND ST, #1400
City-St-Zip: PORTLAND, OR 97204

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD SCHWEPPE

Electronic Signature of Signing Officer or Director

TREA

02/12/2008

_____ Date