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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P92000011510 (4)

1. Corporation Name

PALMETTO MEDICAL PLAN, INC.

Principal Place of Business

% MARY YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105

Mailing Address

% MARY YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1992

4. FEI Number

65-0376621

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

C T 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FOCHT, MICHAEL H SR.
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE EVP ☐ DELETE

NAME FETTER, TREVOR
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE VSD ☐ DELETE

NAME BROWN, SCOTT M
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE VT ☐ DELETE

NAME MCMULLEN, TERENCE P
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE AS ☐ DELETE

NAME LUNDGREN, ALAN
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE CFO ☐ DELETE

NAME FETTER, TREVOR
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

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

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

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***150.00 ***150.00

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.

SIGNATURE

Alan Lundgren

2/25/98

805/563-7075

CR2E034 (10/97)