

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P92000013554 (0)

1. Corporation Name

DOCTOR'S CARE CENTERS, INC.

change of Name: 11/9/96 to Foundation Health Medical Group, Florida, Inc.

Principal Place of Business

3127 WEST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

Mailing Address

Legal Department
3400 DATA DRIVE
SUITE 310
RANCHO CORDOVA CA 95670
US

OK
CS.



2. Principal Place of Business

21 7950 NW 53rd Street

Suite, Apt. #, etc.

22 Third Floor

City & State

23 Miami, FL

Zip

24 33146

Country

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 None

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

12/22/1992

3a. Date of Last Report

02/21/1995

4. FEI Number

65-0377637

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

CT CORPORATION SYSTEM
1200 SOUTH 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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
MARABITO, ALLEN J
3400 DATA DRIVE
RANCHO CORDOVA CA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DC
BENSON, KIRK A
3400 DATA DRIVE
RANCHO CORDOVA CA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DT
ELDER JEFFREY L
3400 DATA DRIVE
RANCHO CORDOVA CA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP
KRIES, LAWRENCE H
7950 NW 53RD ST., 3RD FLR
MIAMI F

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

15. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

DC VP
Kirk A Benson

DP
Jerry A. Newman
3400 Data Drive
Rancho Cordova, CA 95670

AS
Lissette Currier-Martinez
7950 NW 53rd Street, Third Floor
Miami, FL 33146

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***200.00

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)(k), 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

Jerry A. Newman, Chief Financial Officer

4/26/96

CS 5/1/96

(916) 621-5000

CR2E034 (12/95)