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1997 MAR 25 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P94000074944 (7)**  
1. Corporation Name  
**HEALTH CHOICE PARTNERS, INC.**

Principal Place of Business: **3401 W. END AVE., SUITE 700 NASHVILLE TN 37203**  
Mailing Address: **PO BOX 1200 NASHVILLE TN 37202**



2. Principal Place of Business: **3820 State Street**  
Suite, Apt. #, etc.  
City & State: **Santa Barbara, CA**  
Zip: **93105** Country: **USA**

2a. Mailing Address: **c/o Mary H. Yumibe**  
Suite, Apt. #, etc.  
City & State: **3820 State Street**  
City & State: **Santa Barbara, CA**  
Zip: **93105** Country: **USA**

3. Date Incorporated or Qualified: **10/07/1994**  
3a. Date of Last Report: **05/01/1996**

4. FEI Number: **58-2237499**  
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 S. PINE ISLAND RD.**  
**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: \_\_\_\_\_

600002123885-113 4  
-03/25/97-01085-013 4  
\*\*\*165.00 \*\*\*165.00

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 \_\_\_\_\_ (NOTE - Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DEVC	<input checked="" type="checkbox"/> DELETE
NAME	PITTS, KEITH B	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	SOLTMAN, RONALD P	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VTAS	<input checked="" type="checkbox"/> DELETE
NAME	TONNIES, RUSSELL F	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	PARR, RICHARD A II	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	SPALDING, JAMES H	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	ABBOTT, KAREN H.	
STREET ADDRESS	3401 WEST END AVE. STE. 700	
CITY-ST-ZIP	NASHVILLE TN 37203	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael H. Focht, Sr.	
1.3 STREET ADDRESS	3820 State Street	
1.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
2.1 TITLE	DVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Scott M. Brown	
2.3 STREET ADDRESS	3820 State Street	
2.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
3.1 TITLE	VCFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Trevor Fetter	
3.3 STREET ADDRESS	3820 State Street	
3.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
4.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Terence P. McMullen	
4.3 STREET ADDRESS	3820 State Street	
4.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Alan Lundgren	
5.3 STREET ADDRESS	3820 State Street	
5.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

3/25/97

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: *Scott M. Brown* Scott M. Brown, Secretary 3/14/97 805/563-7075

CR2E034 (9/96)