

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**

98 MAR -2 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074944 (7)

1. Corporation Name  
HEALTH CHOICE PARTNERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3820 STATE STREET  
SANTA BARBARA CA 93105

Mailing Address  
% MARY H. YUMIBE  
3820 STATE STREET  
SANTA BARBARA CA 93105

3. Date Incorporated or Qualified  
10/07/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		58-2237499		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28					
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
24		29		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P FOCHT, MICHAEL H SR.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3820 STATE STREET	1.2 NAME	
STREET ADDRESS	SANTA BARBARA CA 93105	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VSD BROWN, SCOTT M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3820 STATE STREET	2.2 NAME	
STREET ADDRESS	SANTA BARBARA CA 93105	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VCFO FETTER, TREVOR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3820 STATE STREET	3.2 NAME	
STREET ADDRESS	SANTA BARBARA CA 93105	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VT MCMULLEN, TERENCE P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3820 STATE STREET	4.2 NAME	
STREET ADDRESS	SANTA BARBARA CA 93105	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS LUNDGREN, ALAN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3820 STATE STREET	5.2 NAME	
STREET ADDRESS	SANTA BARBARA CA 93105	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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\*\*\*150.00 \*\*\*150.00

*Alan Lundgren*

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 \_\_\_\_\_ DATE 2/25/98 \_\_\_\_\_

CP2E034 (10/97)