

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # P94000074944

1. Entity Name

HEALTH CHOICE PARTNERS, INC.

00 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3820 STATE STREET SANTA BARBARA CA 93105	Mailing Address % MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105-3112
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-2237499	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FOCHT, MICHAEL H SR.			NAME	Thomas B. Mackey		
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS	3820 State Street		
CITY-ST-ZIP	SANTA BARBARA CA 93105			CITY-ST-ZIP	Santa Barbara, CA 93105		
TITLE	DVS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SILVER, RICHARD B			NAME			
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS			
CITY-ST-ZIP	SANTA BARBARA CA 93105			CITY-ST-ZIP			
TITLE	VCFO	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FETTER, TREVOR			NAME			
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS			
CITY-ST-ZIP	SANTA BARBARA CA 93105			CITY-ST-ZIP			
TITLE	VT	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCMULLEN, TERENCE P			NAME	Dennis L. Dent		
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS	3820 State Street		
CITY-ST-ZIP	SANTA BARBARA CA 93105			CITY-ST-ZIP	Santa Barbara, CA 93105		
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARSEN, CAITLIN M			NAME			
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS			
CITY-ST-ZIP	SANTA BARBARA CA 93105			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Caitlin Larsen* Asst. Secretary Date: 4/11/00 Daytime Phone #: 805/563-7075