

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

DOCUMENT # **P94000083255 (7)**

1. Corporation Name

**FLORIDA CARE CONNECT, INC.**

Principal Place of Business

**3820 STATE STREET  
C/O MARY H YUMIBE  
SANTA BARBARA CA 93105**

Mailing Address

**3820 STATE STREET  
C/O MARY H YUMIBE  
SANTA BARBARA CA 93105**

**FILED**

**98 MAR -2 PM 1:38**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/15/1994**

4. FEI Number

**75-2567252**

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 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**C T 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **V**  
**SMITH, W. RANDOLPH**  
STREET ADDRESS **14001 DALLAS PARKWAY, SUITE 200**  
CITY-ST-ZIP **DALLAS TX 75240**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **AS**  
**LUNDGREN, ALAN**  
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

**700002447347--5**

**-03/04/98--0100 Change 021 Addition  
\*\*\*\*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

*[Signature]*

Alan Lundgren

2/25/98

805/563-7075

CR2E034 (10/97)