

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000054137 (0)**

1. Corporation Name
FHC IPA, INC.



Principal Place of Business

Mailing Address

**3636 NOBEL DRIVE
SUITE 200
SAN DIEGO CA 92122
US**

**3636 NOBEL DRIVE
SUITE 200
SAN DIEGO CA 92122
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

68-0390289

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 office if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE **PCEO** ☒ DELETE

NAME **FLAM, SETH**
STREET ADDRESS **3636 NOBEL DR., SUITE 200**
CITY-ST-ZIP **SAN DIEGO CA**

TITLE **CFOT** ☒ DELETE

NAME **LASH, STEVEN M**
STREET ADDRESS **3636 NOBEL DR., SUITE 200**
CITY-ST-ZIP **SAN DIEGO CA**

TITLE **SVP** ☐ DELETE

NAME **LEBOVITZ, JAMES A**
STREET ADDRESS **3636 NOBEL DR., SUITE 200**
CITY-ST-ZIP **SAN DIEGO CA**

TITLE **VPAS** ☒ DELETE

NAME **MOORE, CHERYL A**
STREET ADDRESS **3636 NOBEL DR., SUITE 200**
CITY-ST-ZIP **SAN DIEGO CA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 1.1 TITLE **President/Director/Treasurer** ☒ Change ☐ Addition

1.2 NAME **Stephen J. Dresnick, M.D.**
1.3 STREET ADDRESS **5835 Blue Lagoon Drive**
1.4 CITY-ST-ZIP **Miami, FL 33126**

2.1 TITLE **Director/Vice President** ☒ Change ☐ Addition

2.2 NAME **Douglas E. Kerner**
2.3 STREET ADDRESS **3636 Nobel Drive, Suite 200**
2.4 CITY-ST-ZIP **San Diego, CA 92122**

3.1 TITLE **Director/Secretary/VP** ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **Vice President** ☒ Change ☐ Addition

4.2 NAME **Brian K. Barnard**
4.3 STREET ADDRESS **5835 Blue Lagoon Drive**
4.4 CITY-ST-ZIP **Miami, FL 33126**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CR2E034 (10/97)