

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90246 016 ***150.00

DOCUMENT # P96000054137

1. Corporation Name

FHC IPA, INC.

Principal Place of Business

3636 NOBEL DRIVE
SUITE 200
SAN DIEGO CA 92122
US

Mailing Address

3636 NOBEL DRIVE
SUITE 200
SAN DIEGO CA 92122
US

2. Principal Place of Business

21 5835 BLUE LAGOON DR

Suite, Apt. #, etc.

22 4th floor

23 City & State

MIAMI, FL

24 Zip

33126-2017

25 Country

US

2a. Mailing Address

26 5835 BLUE LAGOON DR

Suite, Apt. #, etc.

27 4th floor

28 City & State

MIAMI, FL

29 Zip

33126-2017

30 Country

US

3. Date Incorporated or Qualified

06/25/1996

4. FEI Number

68-0390289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

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 PD T

DRESNICK, MD STEPHEN J

STREET ADDRESS 5835 BLUE LAGOON DR

CITY-STATE-ZIP MIAMI FL 33126

TITLE ☒ DELETE

NAME DVP

KERNER, DOUGLAS E

STREET ADDRESS 3636 NOBEL DR STE 200

CITY-STATE-ZIP SAN DIEGO CA 92122

TITLE ☐ DELETE

NAME DVP

LEBOVITZ, JAMES A

STREET ADDRESS 3636 NOBEL DR, SUITE 200

CITY-STATE-ZIP SAN DIEGO CA

TITLE ☒ DELETE

NAME VP

BARNARD, BRIAN K

STREET ADDRESS 5835 BLUE LAGOON DR

CITY-STATE-ZIP MIAMI FL 33126

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

☐ Change

☒ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

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, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)