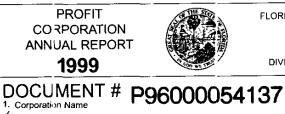
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

/ FHC IPA, INC.



FLORIDA DEPAF.TMENT 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

1 ( <b>5 4)(5 \$</b> ) (1 <b>8</b> 16)( <b>1 6</b> )((1 <b>6</b> )()	<b>18</b> 16 <b>61</b> 16 <b>16</b> 16   <b>1</b> 1	

	_						
Principal Place	e of Business	Mailing Address			101 01111 01001 11000	*****	
3636 NOBEL DRIVE SUITE 200 SAN DIEGO CA 92122		3636 Nobel Drive Suite 200 San Diego Ca 92122		DO NOT WRITE IN THIS SPACE			
US		US		3. Date Incorporated or Qualifed <b>06/25/1996</b>			
2 Principal O	lace of Business,	2a. Mailing Address	,	4. FEI Number	Apr	ol ed For	
5234	BLUE LAGIOON DR	26 5835 BLUE L	AGOON DR	68-0390289		Applicable	
Suite, Ap.:	#, etc.	Suite, Apt. #, etc.		_	\$8.75 A	dditional	
	TOOR	27 4th ROOR		5. Certificate of Status Desired	Fee Red	quired	
City & State	e	City & State  28 MIAMI		6. Electior Campaign Financing Trust Fund Contribution	\$5.00 i Added to	,	
Zip 33/26-	2017 25 US	Zip 33/26-2017 30	Country	This co poration owes the current year     Person: I Property Tax.	Yes	[]No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent		
0.7	COCCONTION CYCTEM		81 Name				
	CORPORATION SYSTEM		82 Street A	82 Street Ad Iress (P.O. Box Number is Not Acceptable)			
	) South Pine Island Road Ntation FL 33324		83				
FLA	TATION FE 35524		63				
			84 City		85 Zip C	ode	
11 Durquant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named co	o poration submits this statement for the purpose	of changing its i	registered	
office o r	egistered agent, or both, in the State of	Florida. Such change was auth	iorized by the corpor	ation's board of directors. I hereby accept the ap-	pointment as reg	jistered	
ū	m familiar with, and accept the obligation	ons or, Section 607.0505, Fit has	a Statutes.				
SIGNATURE	Signature, typed or printed nar ie of registered agent	ind title if applicable (NOTI : Re	gistered Agent signature req				
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS			
TITLE	PDT	☐ DELETE	1.1 TITLE		Change	☐ Addition	
NAME	DRESNICK, MD STEPHEN J		12 NAME				
STREET ADDRE 3S	••••		13 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126	X DELETE	1.4 CITY-ST-ZIP	) V(C	Change	Addition	
TITLE	DVP	₩ DELETE	2.1 TITLE	SPEENMAN, JACK, S. 5835 BLUE LAGOON	_ onlings	PA Machier	
NAME	KERNER, DOUGLAS E		2 2 NAME	6835 BLUE LAGOON	DR.		
STREET ADDRE 3S	*****	:		MIANII , FL 33121	5-2017		
CITY-ST-ZIP	SAN DIEGO CA 92122	□ DELETE	2.4 CITY-ST-ZIP	SVP	Change	Addition	
TITLE	ØSVP	OCCETE	3.3 NAME	<del>-</del> ,			
NAME	LEBOVITZ, JAMES A	'	3.3 STREET ADDRESS	12526 HIGH BLUFF DR, S	witE 3		
STREET ADDRESS	3636 NOBEL DR., SUITE 200 SAN DIEGO CA		3.4. CITY-ST-ZIP	SANDIEGO, CA 92	/3D		
CITY-ST-ZIP	VP	DELETE	4.1 TITLE		Change	Addition	
NAME	BARNARD, BRIAN K	,	4 2 NAME				
STREET ADDRESS	J =		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126		4.4 CITY-ST-ZIP				
TITLE	MICHIEL SOLEO	☐ DELETE	51 TITLE		Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADORESS			6.3 STREET ADDRESS				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further pertify 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 path; that I am an officer or director of the corporation or the race report 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 chapped, or on an attachment with an address with all other like empowered. SIGNATURE:

6.4 CITY-ST-ZIP

CR2E034 (11/98)