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

0555019

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P96000072622

1. Corporation Name
TRILINK PROVIDER SERVICES ORGANIZATION, INC.

Principal Place of Business	Mailing Address
% MARY YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105	% MARY YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
08/30/1996

4. FEI Number
65-0700971
[ ] 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 the current year Intangible Personal Property Tax [ ] Yes [X] 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 — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	FOCHT, MICHAEL H SR.		12 NAME	A00002862358--7
STREET ADDRESS	3820 STATE STREET		13 STREET ADDRESS	-05/04/99--01085--023
CITY-ST-ZIP	SANTA BARBARA CA 93105		14 CITY-ST-ZIP	****150.00 ****150.00
TITLE	EVP	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	FETTER, TREVOR		22 NAME	
STREET ADDRESS	3820 STATE STREET		23 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105		24 CITY-ST-ZIP	
TITLE	VSD	[X] DELETE	31 TITLE	DVS [ ] Change [X] Addition
NAME	BROWN, SCOTT M		32 NAME	Richard B. Silver
STREET ADDRESS	3820 STATE STREET		33 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA BARBARA CA 93105		34 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	VT	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	MCMULLEN, TERENCE P		42 NAME	
STREET ADDRESS	3820 STATE STREET		43 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105		44 CITY-ST-ZIP	
TITLE	AS	[X] DELETE	51 TITLE	AS [ ] Change [X] Addition
NAME	LUNDGREN, ALAN		52 NAME	Caitlin M. Larsen
STREET ADDRESS	3820 STATE STREET		53 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA BARBARA CA 93105		54 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	CFO	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME	FETTER, TREVOR		62 NAME	
STREET ADDRESS	3820 STATE STREET		63 STREET ADDRESS	B 4/23/99 9am
CITY-ST-ZIP	SANTA BARBARA CA 93105		64 CITY-ST-ZIP	

CR2E034 (11/98)

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 all other like empowered.

SIGNATURE: Caitlin M. Larsen, Asst. Sec. 4/12/99 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #