

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

DOCUMENT # P98000057440

1. Corporation Name

NATIONAL MEDICAL SERVICES IV, INC.

Principal Place of Business

3820 STATE ST.
SANTA BARBARA CA 93105

Mailing Address

3820 STATE ST.
SANTA BARBARA CA 93105

2. Principal Place of Business

2a. Mailing Address

26 c/o Mary H. Yumibe
Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 the applicable

(NOTE: Registered Agent's name is required when changing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE P [] DELETE

NAME Michael H. Focht, Sr.

STREET ADDRESS 3820 State Street

CITY-STATE-ZIP Santa Barbara, CA 93105

TITLE DVS [] DELETE

NAME Richard B. Silver

STREET ADDRESS 3820 State Street

CITY-STATE-ZIP Santa Barbara, CA 93105

TITLE VT [] DELETE

NAME Terence P. McMullen

STREET ADDRESS 3820 State Street

CITY-STATE-ZIP Santa Barbara, CA 93105

TITLE AS [] DELETE

NAME Caitlin M. Larsen

STREET ADDRESS 3820 State Street

CITY-STATE-ZIP Santa Barbara, CA 93105

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

Caitlin M. Larsen, Asst. Sec.

4/8/99

805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/8/99

FILED

06/26/1998



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1998

4. FEI Number

☒ 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 ☒ No

10. Name and Address of New Registered Agent

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-04/23/99-01103-003

****150.00 ****150.00

B 4/19/99 99AR

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CR2E034 (11/98)