

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P37886

**Entity Name:** CORVEL HEALTHCARE CORPORATION

**Current Principal Place of Business:**

2010 MAIN STREET  
#600  
IRVINE, CA 92614

**Current Mailing Address:**

2010 MAIN STREET  
#600  
IRVINE, CA 92614 US

**FEI Number:** 95-3382819

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, CHIEF EXECUTIVE  
OFFICER, PRESIDENT  
Name CLEMONS, V. GORDON SR.  
Address 2010 MAIN STREET  
#600  
City-State-Zip: IRVINE CA 92614

Title DIRECTOR, CHIEF FINANCIAL  
OFFICER, SECRETARY, TREASURER  
Name SCHWEPPE, RICHARD J.  
Address 2010 MAIN STREET  
#600  
City-State-Zip: IRVINE CA 92614

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD J. SCHWEPPE

**SECRETARY**

**01/10/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date