

No. C 156713		Due no later than Oct 31, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. HEALTH NET PHARMACEUTICAL SERVICES LEIGHTON FLEENOR 21650 OXNARD STREET WOODLAND HILLS CA 91423		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JAMES WOYS	21650 OXNARD ST.	WOODLAND HILLS	CA	USA	91367	
DIRECTOR	JOHN SIVORI	21650 OXNARD ST	WOODLAND HILLS	CA	USA	91367	
DIRECTOR	KEITH KRINGLE	10834 INTERNATIONAL DR	RANCHO CORDOVA	CA	USA	95670	
TREASURER	JOSEPH C. CAPEZZA	10834 INTERNATIONAL DR #200	RANCHO CORDIVA	CA	USA	95670	
PRESIDENT	JOHN SIVORI	21650 OXNARD ST	WOODLAND HILLS	CA	USA	91367	
SECRETARY	PLAKSIN KATHY	21650 OXNARD ST	WOODLAND HILLS	CA	USA	91367	
5. Organized Under the Laws of: CA C 156713		6. Annual Report must be signed.* Signature: Kathy Plaksin Name (type or print): Kathy Plaksin					
		Date: 08/16/2012 Title: Secretary					
Processed 08/16/2012 * Electronically provided signatures are accepted as original signatures.							