


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90225 037 \*\*\*150.00

<b>DOCUMENT # F04000001318</b>	
1. Entity Name MEDCOM CARE MANAGEMENT, INC.	

Principal Place of Business 2100 COVINGTON CENTRE COVINGTON, LA 70433	Mailing Address PO BOX 1751 COVINGTON, LA 70434
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 72-1339762	Applied For Not Applicable
Zip	Country	Zip	Country



04112005 Chg-P CR2E034 (10/03)

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILTENBERGER, HENRY J JR 2100 COVINGTON CENTRE COVINGTON, LA 70433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMPARD, SHELLEY P 2100 COVINGTON CENTRE COVINGTON, LA 70433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEAY, CURT W 2100 COVINGTON CENTRE COVINGTON, LA 70433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AUCOIN, HAROLD A 2100 COVINGTON CENTRE COVINGTON, LA 70433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  Janet Niles, RN, MS, President 4/14/05 (985)892-3520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40063914

# F04000001318

**MedCom Care Management, Inc.**

Utilization Review & Care Management

**MEDCOM CARE MANAGEMENT, INC.  
LIST OF DIRECTORS & OFFICERS  
As of 01/01/2005**

**OFFICERS**

Janet L. Niles, RN, MS President	2100 Covington Centre Covington, LA 70433
Shelley P. Lampard Vice President	2100 Covington Centre Covington, LA 70433
Joseph A. Luquet Jr. Vice President	2100 Covington Centre Covington, LA 70433
Lynn L. Brayman Treasurer	2100 Covington Centre Covington, LA 70433
Elizabeth H. Barbin Secretary	2100 Covington Centre Covington, LA 70433
Harold A. Aucoin Assistant Treasurer	2100 Covington Centre Covington, LA 70433
Judy C. Schott Assistant Secretary	2100 Covington Centre Covington, LA 70433

**DIRECTOR**

Henry J. Miltenberger, Jr. Director	2100 Covington Centre Covington, LA 70433
Edwin Miltenberger Director	2100 Covington Centre Covington, LA 70433
Joseph A. Luquet Jr. Director	2100 Covington Centre Covington, LA 70433